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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

01 JUN 25 AM 10:28

FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FLORIDA PROFTT CORPORATION OR P.A.

STI ENTERPRISES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Articles of Incorporation of:

STI ENTERPRISES, INC.

The undersigned incorporator, for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopts the following Articles of Incorporation.

Article I Name

The name of the corporation shall be:

STI ENTERPRISES, INC.

The principal place of business of the corporation shall be:

**9050 PINES BLVD., SUITE 205(SCHECHTMAN)
PEMBROKE PINES, FLORIDA 33024**

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Article II Nature of Business

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, The State of Florida, or any other state, country, territory or nation.

Article III Capital Stock

This corporation is authorized to issue 1,000 shares of common stock of a par value of 1 dollar a share.

Article IV Term of Existence

This corporation is to exist perpetually.

Article V Officers, Directors

The names and street addresses of the initial officers and directors, if any, who shall hold office the first year of the corporation's existence or until their successors are elected, is:

**CHRISTIAN LUDWIGSEN
C/O J. SCHECHTMAN
9050 PINES BLVD., SUITE 205
PEMBROKE PINES, FLORIDA 33024**

Article VI Incorporator

The name and street address of the incorporator to this articles of incorporation is:

**CHRISTIAN LUDWIGSEN
C/O J. SCHECHTMAN
9050 PINES BLVD, SUITE 205
PEMBROKE PINES, FLORIDA 33024**

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 1ST DAY OF JUNE 2001:

Signature of Incorporator



CHRISTIAN LUDWIGSEN

Certificate of Designation
Registered Agent/Registered Office

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation:

STI ENTERPRISES, INC.

2. The name and address of the registered agent and office is:

JENNIFER L. SCHECHTMAN, CPA
9050 PINES BLVD., SUITE 205
PEMBROKE PINES, FLORIDA 33024

Signature _____

Date _____

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and I accept the duties and obligations of section 607.325, Florida Statutes.

Signature _____

Date _____

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