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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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RECRETARY OF STATE, TALLAHASSFE, F STATE,

W-31943

Ann ilia

TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	Steinke Man	vagement, I ename-mustincl	UDE SUFFIX)	–
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	d a check for:	
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status	
FROM:	·	Printed or typed)	· · · · · · · · · · · · · · · · · · ·	
-	PO Box 52	2-03 ddress		
-	Gulf bort City, S	71 3370 State & Zip	7	je v . dagenigio
-	727- 321-5792 Daytime Te	or 647-80 dephone number	6/2	

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

November 7, 2002

DIANE STEINKE PO BOX 5203 GULFPORT, FL 33707

SUBJECT: STEINKE MANAGEMENT, INC.

Ref. Number: W02000031963

We have received your document for STEINKE MANAGEMENT, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE COMPLETE ARTICLES VI AND VII. PLEASE ADD THE ADDRESS.,

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight
Document Specialist
New Filing Section

Letter Number: 302A00060889

ARTICLE I NAME	-	
The name of the corporation shall be: Stein Le Management, Inc.		e
STEIN LE MANAGEMENT, INC.		
ARTICLE II PRINCIPAL OFFICE		
The principal place of business/mailing address is: 5018-31 Ave S. / P.O. Box 5203 Gulf	port, 71. 33737	
Gulfport 71 33707		-
ARTICLE III PURPOSE		
The purpose for which the corporation is organized is:		-
property ownership + management	•	
ARTICLE IV SHARES		
The number of shares of stock is:		
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s):		4
The name(s), address(es) and title(s): David P. Steinke 5953 Sepbird Dr So Gulf	1 port 71 33707	Preside
Diane Steinke (Same)	58	c/Treas
James D. Steinke (Same)	ν	ice fresi
ARTICLE VI REGISTERED AGENT	IN SECOND	
The <u>name and Florida street address</u> of the registered agent is:		
David P. Steinke	OZ NOV 18 SECKETARY ALLAHASSE	T]
5953- Seabird Dr S.		
Gulfport 7! 33707 ARTICLE VII INCORPORATOR		T)
The name and address of the Incorporator is:		<u> </u>
•		
Diane Steinke 5763 Seabird Dr.S.		
5753 Jeaple Vn3. Gulfport 71 33707 *********************************		

Having been named as registered agent to accept service of process for the above stated certificate, I am familiar with and accept the appointment as registered agent and agree to		in inis
1. 15 Hus	11-1-00	
Signature/Registered Agent		
	, — ****	
ST. Mo	11-1-02-	- · — —

Date

ARTICLES OF INCORPORATION

Signature/Incorporator

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)