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(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
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Certified Copies Certificates of Status					
Special Instructions to Filing Officer:	7				
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TRANSMITTAL LETTER

2003 MAR II PM 2: 55
TALLAHASSEE FLORIDA

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

SUBJECT: ST	TEP ABOVE INC.				
	(PROPOSED CORPOR	ATE NAME - MUST INCL	JDE SUFFIX)		
	, , , , , , , , , , , , , , , , , , , ,		111		
Enclosed are an or	iginal and one (1) copy of the a	rticles of incorporation and	i a check for:		
—	D 000 00	D 650.55	KT dor to		
\$70.00	□ \$78.75	\$78.75	\$87.50		
Filing Fee	Filing Fee	Filing Fee	Filing Fee,		
	& Certificate of Status	& Certified Copy	Certified Copy		
			& Certificate of		
		1	Status		
		ADDITIONAL CO	PY REQUIRED		

	Damaia D. Orrana				
FROM: _	FROM: Pamela D. Owens Name (Printed or typed)				
	1,411	is (Finited of typed)			
	P. O. Box 24				
	Address				
	Homosassa Springs,	Florida 3444	7		
		ty, State & Zip			
		- •			
	(352) 628-3013				
		Telephone number			
Sayune respiese number					

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

ARTICLES OF INCORPORATION

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

FILED

2003 MAR 11 PM 2: 55

TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

STEP ABOVE INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

P.O. BOX 24

HOMOSASSA SPRINGS, FL. 34447

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

President:

VP:

Sec/Tres. :

Pamela D. Owens

Stephen C. Bufton

PO Box 24

James Lynch

PO Box 24

Homosassa Spg.,

Lecanto, FL

5412 W. Homosassa Tr. 34461

Homosassa Spg., FL34447

34447 FL

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Pamela D. Owens

9682 W. River Cove Pl.

34448 Homosassa Spg. , FL

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Pamela D. Owens

P.O. BOX 24

HOMOSASSA SPG., FL 34447

********************************* Having been named as registered agent to accept zervice of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent Signature/Incorporator