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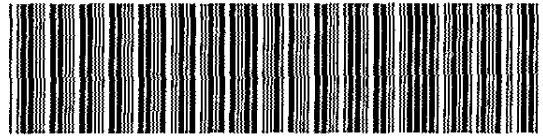
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/08/03--01056--008 **78.75

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10-15

TRANSMITTAL LETTER

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

SUBJECT: STM MANAGEMENT, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee
☒ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: BJ ROUSSON
Name (Printed or typed)

5007 RIVER LAKE ROAD.
Address

WINTER HAVEN FL. 33880
City, State & Zip

(863) 326-9228 (403) 676-1200
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

September 12, 2003

BJ ROUSSON
5007 RIVER LAKE RD
WINTER HAVEN, FL 33880

SUBJECT: STM INC.
Ref. Number: W03000026147

We have received your document for STM INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6884.

Shawn Logan
Document Specialist
New Filings Section

Letter Number: 303A00050842

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

STM MANAGEMENT, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5007 RIVER LAKE RD.
WINTER HAVEN FL. 33880

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY LEGAL ACTIVITY FOR PROFIT

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

ARTICLE VI REGISTERED AGENT

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

BJ. ROUSSON 5007 RIVER LAKE RD.
WINTER HAVEN FL. 33880

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

BJ ROUSSON 5007 RIVER LAKE RD.
WINTER HAVEN FL. 33880

Having been named as registered agent to accept service 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

BJ Rousson

Signature/Registered Agent

10/2/03

Date

BJ Rousson

Signature/Incorporator

10/2/03

Date

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TALLAHASSEE, FLORIDA

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