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TRANSMITTAL LETTER

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

SUBJECT:	SHAMMY () STE (PROPOSED CORPORA	TE NAME - MUST INCL	UDASUATK)
\$70.00 Filing Fee	ginal and one (1) copy of the arti \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	SHANNON STE Name	VENS (Printed or typed)	
	P.D. Bx 1660	Address	
		33543 State & Zip	,
	Daytime 7	elephone number	

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
.ARTICLE I NAME The name of the corporation shall be:	
SHANNON W STEVENS INC.	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 6604	Bx 1661 Fl 33548
Any AND ALL LAWFUL BUSINESS	
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	74 23
List name(s), address(es) and specific title(s):	FILED 2003 OCT 29 AM IO: 20 SELVE FAIX OF STATE ALLAMASSEE FLORIDA
ARTICLE VI REGISTERED AGENT	ATE RIDA
The name and Florida street address of the registered agent is: SHANNON STEVENS 1660H WINDSON PANK OR 1072 FI 33549 ARTICLE VII INCORPORATOR	o,
The <u>name and address</u> of the Incorporator is:	
SHAMON STEVENS 16604 WINDSOM PANK DK 16604 WINDSOM J3549 ************************************	*****
Having been named as registered agent to accept service of process for the above stated corporation at the processificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity	lace designated in this
Namus Ce Verens 20 00	7 03
Signature/Registered Agent Data	\$

30 oct 03
Date

Signature/Incorporator