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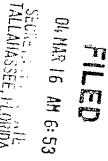
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of	Stạtu s		
Special Instructions to Filing Officer:				

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TRANSMITTAL LETTER

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

SUBJECT: SAN	IDRIDGE EN I ERPRISES,		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Unaloged are an evi	ainal and ana (1) agus af tha am		1 - 1 - 1 - 5
Eliciosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	i a check for:
□ \$70.00	□ \$78.75	\$78.75	□ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
J	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
			Status
		ADDITIONAL CO	PY REQUIRED
		L	
FROM: N	ELROSE ACCOUNTING		
		e (Printed or typed)	
	D.O. DOV 4400		
P.O. BOX 1430			
		Address	
	MELDOSE EL 2000		
	MELROSE, FL. 32666		
	City	, State & Zip	
	352-475-2100		
	Daytime 1	Telephone 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)

ARTICLE I NAME

The name of the corporation shall be: SANDRIDGE ENTERPRISES, INC.

FILED

04 MAR 16 AM 6:53

TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 899 N. STATE ROAD 21 MELROSE, FLORIDA 32666

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 50,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): JOSEPH C. SANDRIDGE, PRESIDENT 144 SILVER DOLLAR DRIVE HAWTHORNE, FLORIDA 32640

ARTICLE VI REGISTERED AGENT

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

JOSEPH C. SANDRIDGE 144 SILVER DOLLAR DRIVE HAWTHORNE, FLORIDA 32640

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JOSEPH C. SANDRIDGE 144 SILVER DOLLAR DRIVE HAWTHORNE, FL. 32640

****************	***********
Having been named as registered agent to accept service of process for certificate, I am familiar with and accept the appointment as registered	or the above stated corporation at the place designated in this agent and agree to act in this capacity
Josh Carluleo	3/14/04
Signature/Registered Agent	Date
Suph Caulile	3/14/04
Signature/Incorporator	Date