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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

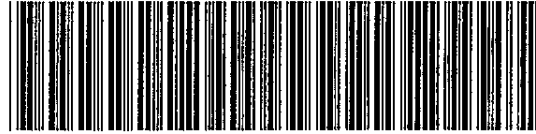
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

05 JAN -3 PM 1:26

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C.L.1-3

TRANSMITTAL LETTER

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

SUBJECT: Stempien Financial Corp.
(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: Dan E. Stempien
Name (Printed or typed)

10843 Cypress Glen Drive
Address

Coral Springs, Florida 33071
City, State & Zip

(954) 579-6385
Daytime 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:

Stempien Financial Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

10843 Cypress Glen Drive
Coral Springs, Florida 33071

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Finance

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Dan E. Stempien
10843 Cypress Glen Drive
Coral Springs, FL 33071

(President)

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Dan E. Stempien
10843 Cypress Glen Drive
Coral Springs, Florida 33071

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Dan E. Stempien
10843 Cypress Glen Drive
Coral Springs, Florida 33071

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



Signature/Registered Agent

12/31/09

Date



Signature/Incorporator

12/31/09

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA