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Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CSH SERVICES, LLC

Account Number : 120070000160 : (800)494-3124 Phone Fax Number : (561)455-9885

FLORIDA PROFIT/NON PROFIT CORPORATION

ADAM STEVEN & ASSOCIATES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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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:

ADAM STEVEN & ASSOCIATES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

7957 JOHNSON STREET, SUITE B
PEMBROKE PINES, FLORIDA 33024



ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is:

PRESIDENT

BRUCE LOBERFELD

7957 JOHNSON STREET, SUITE B

PEMBROKE PINES, FLORIDA 33024

VICE PRESIDENT

CARLA LOBERFELD

7957 JOHNSON STREET, SUITE B

PEMBROKE PINES, FLORIDA 33024

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ARTICLE VI REGISTERED AGENT

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

BRUCE LOBERFELD
7957 JOHNSON STREET, SUITE B
PEMBROKE PINES, FLORIDA 33024

ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

BRUCE LOBERFELD
7957 JOHNSON STREET, SUITE B
PEMBROKE PINES, FLORIDA 33024

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.

BRUCE LOBERFELD / Registered Agent

Alw/or
Date

Alw/o8

BRUCE LOBERFELD /Incorporator

Date