P10000037542

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City/	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Na	me)
(Doc	ument Number	<u> </u>
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	

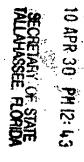
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COVER LETTER

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

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:		
Filing Fee Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED	
P.D. Box 304	O'BRIEN F/. 3207/	
O'BRICH F1. 3207/		
(386) 688-70	OO2 elephone number	
R-Bush 22 hc E-mail address: (to be used	The future annual report notification)	

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



April 19, 2010

RENEE L. BUSH PO BOX 304 O'BRIEN, FL 32071

SUBJECT: STAIRWAY PROS INC. Ref. Number: W10000018935

We have received your document for STAIRWAY PROS INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

The fees for profit and nonprofit, domestic or foreign are as follows:

Filings Fees: \$35.00
Registered Agent
Designation \$35.00
Certified Copy \$8.75
Certificate of Status \$8.75

Please return the corrected 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) 245-6962.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 710A00009606

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	APPHOVED
	FILFO
ARTICLE I NAME	10.400
The name of the corporation shall be:	10 APR 30 PM 12: 43
Stairway Pros inc.	
	SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE	· · · · · · · · · · · · · · · · · · ·
The principal street address and mailing address, if different is:	=/ 32021
21663 West ShekiNah Place O'BRIEN F	
mailing address - P.O. Box 304 O'Brien	L1. 32071
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
My AND All lawful busiNess	
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):	
Renee L. Bush (President)	
Michael J Traycon (Vice President)	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) of the re	egistered agent is:
Revee L. Bush 21663 W. Shekinah	Place O'BRIEN M. 32071
MENER L. BUSH SIBBS WI SHERINGER	There is no series of the seri
ARTICLE VII INCORPORATOR	
The name and address of the Incompared in	
Reviee L. Bush 21663. W. Shekimah	Place O'BRICH Ff. 3207/
Reviee L. Dusa 21003. W. Sherman	V.3.22 3 /2 /
**************	*******
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 a	ppointment as registered agent and
agree to act in this capacity	
	11-11-10
Signature/Registered Agent	Dote .
Signature registered Agent	Date
Henre L. Dush	4-11-10
Signature/Incorporator	/ Date