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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

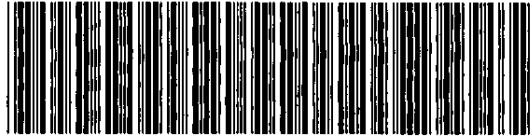
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 APR 18 PM 9:42

**COVER LETTER**

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

16 APR 18 PM 9:42

STATE OF FLORIDA  
DIVISION OF CORPORATIONS

**SUBJECT:** STEVE SHEM TOV INC  
**(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:** SJ COOPER & ASSOICATES INC  
Name (Printed or typed)

4001 SANTA BARBARA BLVD # 366  
Address

NAPLES, FL 34104  
City, State & Zip

239-398-3637  
Daytime Telephone number

steven@sjcfinance.com  
E-mail address: (to be used for future annual report notification)

**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: STEVE SHEM TOV INC

**ARTICLE II PRINCIPAL OFFICE**

Principal **street** address  
4001 SANTA BARBARA BLVD # 366  
NAPLES, FL 34104

Mailing address, if different is:  
3269 STURGEON BAY COURT  
NAPLES, FL 34120

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: A PROFESSIONAL MULTI LEVEL MARKETING CORPORATION

**ARTICLE IV SHARES**

The number of shares of stock is: 100.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: STEVE FLEMING, PRESIDENT Name and Title: \_\_\_\_\_

Address: 5724 REMINGTON PARK SQUARE Address: \_\_\_\_\_

DALLAS, TX 75252 \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: STEVEN COOPER  
 Address: 4001 SANTA BARBARA BLVD # 366  
NAPLES, FL 34104

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: STEVEN COOPER  
 Address: 4001 SANTA BARBARA BLVD # 366  
NAPLES, FL 34104

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 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS


**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

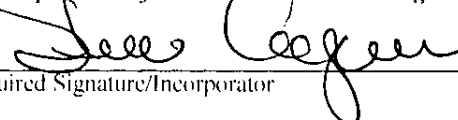
**(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)**

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

 04/15/2016  
 Required Signature/Registered Agent Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

 04/15/2016  
 Required Signature/Incorporator Date