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To:	Division of Co	rporations	
	Fax Number	: (850)617-6381	
From:	Account Name	: CORP 911, INC.	
	Account Number	: I20200 00 0202	· · · · · · · · · · · · · · · · · · ·
	Phone	: (818)478-168 1	Ę
	Fax Number	: (818)688-8120	
'≛Enter ar	the email addres	ss for this business entity to be ings. Enter only one email addre	used for future ss please.**
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T. SCOTT

H200004243183)

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME The name of the corporation	ı shall be:	STEVE WOLFE E	NTERPRI	SES, INC.
ARTICI E II PRINCIP	AL OFFI		Ma	ulling address, if different is:
16901-COLLINS				
SUNNY ISLANDS E	EACH,	FL 33160	<u></u>	
ARTICLE III PURPOS The purpose for which the	E corporati	on is organized is:		
Any Lawful and	Lega	purpose.		
	,	**************************************		283
			·	
				型00 10
	-	·		
ARTICLE IV SHARE The number of shares of s	S 1	0,000		Service Servic
ARTICLE V INITIAL		AND/OR DIRECTORS		Steve Wolfe, Secretary
Name and Title			Address:	16901 Collins Ave., #1603
Address		Collins Ave., #1603		
	Sunny	Beach Islands, FL 33160		Sunny Beach Islands, FL 33160
Nome and Title	Steve	Wolfe, Treasurer	Address:	Steve Wolfe, Director
	1690	Collins Ave., #1603		16901 Collins Ave., #1603
Address	Sunny	Beach Islands, FL 33160		Sunny Beach Islands, FL 33160
·				
Name and Title			Name and Title	:
Address		<u> </u>	_ Address:	
			-	
		, , , , , , , , , , , , , , , , , , ,		

Name and T	itle: Na	me and Title:
Address	Ad	dress:
Yadiess		
ARTICLE VI RI	EGISTERED AGENT rida street address (P.O. Box NOT acceptable) of the	registered agent is:
	Steve Wolfe	
Name:	16901 Collins Ave., #1603	·
Address:	Sunny Beach Islands, FL 33160	
	outing South	
ARTICLE VII	NCORPORATOR	·
_	dress of the Incorporator is:	
	Steve Wolfe	
Name:	16901 Collins Ave., #1603	
Address:	Sunny Beach Islands, FL 33160	•
	Odmiry 2 oda	
ΑΡΤΙΟΙ Ε ΥΠΠ	EFFECTIVE DATE:	(OPTIONAL)
Effective date, if	other than the date of filing: tate is listed, the date must be specific and cannot	(OPTIONAL) be more than five days prior or 90 days after the
≪i: \		
Note: If the date	e inserted in this block does not meet the applicable s	tatutory filing requirements, this date will not be listed as
the document's	effective date of the Department of State	
Having been na	med as registered agent to accept service of process for	r the above stated corporation at the place designated in this d agent and agree to act in this capacity
certificate, Ifam	med as registered agent to accept service of process for familiar with and accept the appointment as registere	12/10/2020
Mty	Required Signature/Registered Agent	Date
- •	and the fact control beggin and	rue. I am aware that the false information submitted in a provided for in s.817.155, F.S.
I submit this do document to the	ocument and affirm that the facts stated never we Department of State constitutes a third degree felony	- <i>F</i>
Sto	ve Wolke	12/10/2020
Daguired Signa	ture/incorporator	Date

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1:

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