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LOUIS MAMO & COMPANY  
ACCOUNTANTS & TAX CONSULTANTS  
3600 W. COMMERCIAL BLVD., SUITE #207  
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(305) 733-4347  
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Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

700001428407  
-03/13/95--01105--003  
\*\*\*122.50 \*\*\*122.50

SUBJECT: Steph Enterprises, Inc.

Enclosed please find an original and one (1) copy of the Articles of Incorporation for the above corporation and check in the amount of \$ 122.50.

FROM: Louis Mamo & Company  
3600 W. Commercial Blvd., Suite #207  
Fort Lauderdale, FL 33309

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DIVISION OF STATE  
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ARTICLES OF INCORPORATION

OF

Steph Enterprises, Inc.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Steph Enterprises, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

P.O. Box 1445  
Fort Lauderdale, FL 33302

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000 shares of common stock at a \$1.00 par value

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Glenn Schmitt  
3033 NW 48th AVE  
COCONUT CREEK, FL 33063

ARTICLE V - INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Glenn Schmitt  
P.O. Box 1445  
Fort Lauderdale, FL 33302

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05/10/00

ARTICLE VI AMENDMENT

This Corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the Shareholders is subject to this reservation.

ARTICLE VII- BY LAWS

The power to adopt, alter, amend or repeal By-laws shall be vested in the Board of Directors and the shareholders.

The undersigned has(have) executed these Articles of Incorporation this  
8 day of March, 1995.

 President  
\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: Steph Enterprises, Inc.

2. The name and address of the registered agent and office is:

Glenn Schmitt

(NAME)

3033 NW 48th Avenue

(P.O. BOX NOT ACCEPTABLE)

Coconut Creek, FL 33063

(CITY/STATE/ZIP)

SIGNATURE 

Corporate Officer

TITLE President

DATE 3/8/95

Having been named as Registered Agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

SIGNATURE 

DATE 3/8/95

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P93000020505</b> Corporation Name <b>Dave's CC Club, Inc.</b>		<b>000002000080--8</b> -11/08/96--01027--008 *****375.00 *****375.00	
Principal Place of Business <b>SAM'S Lane, off Bradfordville Rd.</b> <b>P.O. Box 12251 Tallahassee, FL 32317</b>		Mailing Address <b>P.O. Box 12251 Tallahassee, FL 32317</b>	
2 New Principal Office Address, If Applicable Suite, Apt. # etc. City & State Zip Country		3 New Mailing Address, If Applicable Suite, Apt. # etc. City & State Zip Country	
		4 Date Incorporated or Qualified To Do Business in Florida <b>3/18/93</b>	
		5 FEI Number <b>59-3203988</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
		6 CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Number)	City, State / Zip
1	2	3	4
Pres.	David Clayton	P.O. Box 12251 Tallahassee, FL SAM'S Lane, off Bradfordville Rd.	Tallahassee, FL 32317
V. Pres.	ELIZABETH Clark	P.O. Box 12251 SAM'S Lane, off Bradfordville Rd.	Tallahassee, FL
8. Name and Address of Current Registered Agent <b>Elizabeth B. Clark - ELIZABETH B. Clark</b> <b>P.O. Box 12251 / 302 Glenview Dr. Tallahassee, FL 32303</b>		9. Name and Address of New Registered Agent Name <b>Elizabeth B. Clark</b> Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code <b>FL</b>	
10 I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent <b>Elizabeth B. Clark</b> REGISTERED AGENT MUST SIGN Date <b>10-21-96</b>			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)			
12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information applied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			

CR2E040 (12/95)

(904) 10 21 96 804 0101