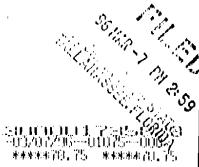
## TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassao, FL 32314



SUBJECT:	Tiete	<u>Chiterprise</u> z	120.	
(1	roposed corporate	a nama - must includo su	(fix)	
	•			
Enclosed is an original	and one (1) cor	ny of the articles of i	ncorporation and a chec	ما
for:		p) = 11.0 = 11.0100 O; 1	Hoolborgflott Blig 9 CHBC	_
<b>=</b> \$70.00	× \$78.75	\$122.50	\$131.25	
Filing Foo	Filing Fee	Filing Fee	Filing Fee,	
	& Cortificate	& Certified Copy	Certified Copy & Certificate	
			•	
FROM:	Danie	1 Stiefel		
, •••=		e (printed or typed)	<del></del>	
	0-	• • • • • • • • • • • • • • • • • • •	, (	
	23069	old Inlet Ra	idge DR.	
	•	Address		
"	BOCAR	Ration FL 33	3433	
		City, State & Zip	· <u>  J</u>	
	/			
		187 - 9882	·	
	Daytim	e Telephone number		

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

# ARTICLES OF INCORPORATION

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: Strefe | Emtemperse, 2010,

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 23069 Old Inlet Barden DR

BOCA ROLLDA, FL 33433

#### ARTICLE III SHARES

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

| CO Shares at \$1.00

#### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Daniel Strefel 23069 old Inlet Beidge DR BOCA Raton, FZ 33433

#### ARTICLE V INCORPORATOR(S)

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

Daniel Strefe | 23069 old inlet Beider Dr Been Ration, FL 33433

The undersigned incorporator(s) has(have) executed these Articles of incorporation this

3 day of March , 19 96

Signature

Signature

Articles of Incorporation Filing Fee - \$35

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: Stiefel Entraps is and
2.	The name and address of the registered agent and office is:
	Daniel Strefe 1
	(Namo)
	123069 old Itale + BRicke De (P.O. Box not accoptable)
	(P.O. Box not accoptable)
	Buch Ruton, FL 33433
	(City/State/Zip)

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.

Danie (Signature) (Signature) 3/3/96 (Date)