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

SUBJECT:

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00 Filing Fee

\$78.75

Filing Fee

& Certificate

☑\$122,50

Filing Fee

& Certified Copy

\$131.25

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: William Gerard Stevens
Name (Printed or typed)

2221 N.E. 164th Street, Suite#358

North Miami, FL 33160 City, State & Zip

(561) 362 - 6536 Daytime Telephone number

ARTICLES OF INCORPORATION

NAME

Signature/Incorporator

The name of the corporation shall be:

ARTICLE I

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

ARTICLE II	PRINCIPAL OFFICE
The principal place	of business and mailing address of this corporation shall be:
	aaa1 N.E. 164 Street
	Suite# 358
	North Miami, FL 33160
ARTICLE III	SHARES
The number of shar	res of stock that this corporation is authorized to have outstanding at any one time is:
	100%
ARTICLE IV	INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:	
	William Gerard Stevens
	2221 N.E. 164th Street
	5u1+e# 358
ARTICLE V	INCORPORATOR North Miami, FL 33160
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:	
	William Gerard Stevens
	2221 N.E. 164th Street
	guite ≠ 358
	A North Miami, FL 33160
William V	1 Stones 6/23/97

Bill Stevens, Inc.

(An additional article must be added if an effective date is requested.)

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/Registered Agent Date

Date