## P97000091063

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

SUBJECT:		ate name - must include suff		<b></b>	
		80	0002326 -10/22/970 *****78.75	628—-3 1045009 *****78.75	
Enclosed is an origina	al and one(1) copy of the articles	of incorporation and a c	heck for :		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	□ \$131.25 Filing Fee, Certified Copy & Certificate		
		ADDITIONAL CO	PY REQUIRED	<u>د</u>	
FROM:	-	40 ST	ALLASSEE, FLORIDA	FE [] E. [] DCT 22 NH 10: 32	
CORAL SPRINGS FL 33065 City, State & Zip					
954 - 971 - 7225  Daytime Telephone number					
ML 99					

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

FILED

## ARTICLES OF INCORPORATION

97 OCT 22 AM IO: 32

The undersigned incorporator, for the purpose of Business Corporation Act, hereby adopts the following the followi	f forming a corporation under t lowing Articles of Incorporation	he Flo <b>r</b> ida	SEU TALLA	-17 St.	äeäri	JTATE LORIDA
ARTICLE I NAME The name of the corporation shall be:	STOCK	LIF	T	5	I.	NC

ARTICLE II	PRINCIPAL	L OFFICE
The principal p	lace of business an	d mailing ac

e principal place of business and mailing a	ddress of this cor	poration sh	all be:			11
	4100	N.	POWE	RLL	NE RD	#E-4
	ROMPA	NO B	EACH	FL	33/173	

## ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Flo	orida street address of the initial r	registered agent are:	HE	COL	457	OCK	
			_	NW			
ARTICLE V	INCORPORATOR	COR	'AL S	SPRIN	16,5	FL 3	3065

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

MIKE CO	MSIUCH
11201 NW CORAL SP	40 ST F1 37065
CORAL SPI	RING >,'E
Make Comstort	10-20-97
Signature/Incorporator	Date

(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

Le Constott (U-)0-9)
Signature/Registered Agent Date