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

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SUBJECT: Stoneleaf Inc. (Proposed corporate name - must include suffix) Enclosed is an original and one(1) copy of the articles of incorporation and a check for:				
Enclosed is an original and one(1) copy of the afficies 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: Hugustin Morejon Name (Printedlor typed)				
330 W. 43rd St. Address Address				
-	Hialeah, FL City,	33017- State & Zip		CORPORI

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

Daytime Telephone number

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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of engaging in any lawful act or activity for which corporations may be organized under the Florida Business Corporation Act, hereby adopts the Following articles of Incorporation.

ARTICLE I. NAME

The name of the corporation shall be: Stoneleaf, Inc.

ARTICLE II. PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 330 West 43rd Street, Hialeah, Florida 33012.

ARTICLE III. SHARES

The aggregate number of shares of stock that this corporation is authorized to have outstanding at any one time is: sixty (60) shares of common stock with a par value of \$10 per share.

ARTICLE IV. INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are: Augustin Morejon, 330 West 43rd Street, Hialeah, Florida 33012.

ARTICLE V. INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation are: Augustin Morejon, 330 West 43rd Street, Hialeah, FL 33012.

Signature of Incorporator

Date

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 of Registered Agent

10-6-9

Date