P9988000 82240

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

100002985131--7 -09/13/99--01093--008 *****78.75 *****78.75

SUBJECT:

Stonewall People Inc.

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
of Status

\$78.75 Filing Fee & Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

Linda M. Sherwin

1402 East Las Olas Blvd., Suite 707

Fort Lauderdale, FL 33301

954-536-1813

99 SEP 13 AH II: 09
SECALISM SEE FLORIDA

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

Informed client by letter of correction to articles.

SHT alm

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Stonewall People Inc.

ARTICLE II PRINCIPAL OFFICE

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

1402 East Las Olas blvd., Suite 707 Fort Lauderdale, FL 33301

ARTICLE III SHARES

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

5,000,000 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Linda M. Sherwin 1402 East Las Olas Blvd., Suite 707 Fort Lauderdale, FL 33301

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Linda M. Sherwin

1402 East Las Olas Blvd., Suite 707

Fort Lauderdale_FL 33301

Signature/Incorporator

Flata

Having been named as registered agent and to accept service of process for the above state 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.

Signature/Incorporator / Registered

Agent

Date

99 SEP 13 AH11: 09
SECNCIPARY OF STATE
TALLAHASSEF FINBLE