TRANSMITTAL LETTER

P99000085258

Department of State Division of Corporation P. O. Box 6327 Tallahassee, FL 3231	-			1999 SEP 2
SUBJECT: _	Hephenson Ga (Proposed corpor	S No. 15 ate name - must include suffi	INC.	1999 SEP 27 PM 1: 02 SECRETARY OF STATE SECRETARY OF STATE
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 ADDITIONAL COP	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	Kevin C. Name (Pr	Stephenson inted or typed)		
	Pembroke City,		00002997 -08/27/990 <u>ん ***</u> *********************************	9858)1001026 *****87.50

305- 775- 6632 954-438-448)

Daytime Telephone number

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

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ARTICLES OF INCORPORATION

ARTICLE I - NAME

The name of this corporation is Stephenson Gas No. 15, Inc.

ARTICLE II - PRINCIPAL OFFICE

The mailing address of this corporation shall be: 341 N.W. 153rd Lane
Pembroke Pines, Florida 33028

ARTICLE III - SHARES

This corporation is authorized to issue 1,000 shares of \$1.00 par value common stock, which shall be designated as "Common Shares".

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Kevin Christopher Stephenson 341 N.W. 153rd Lane Pembroke Pines, Florida 33028

ARTICLE V - INCORPORATOR

The name and address of the incorporator to theses Articles of Incorporation is:

Kevin Christopher Stephenson 341 N.W. 153rd Lane Pembroke Pines, Florida 33028

Signature/Incorporator

Date

Having been named as registered agent and to accept services of process for the above stated corporation at the place designed 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 positions as registered agent

Signature/Registered Agent

Date