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TRANSMITTAL LETTER

Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

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-11/01/99--01069--012  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: Steffen's Docks, Inc.

Enclosed is an original and one (1) copy of the articles of incorporation and our check for \$ 70.

FROM: Steffen's Docks  
4045 Cox Drive  
Land O' Lakes, Florida 34639  
(813)996-6449

FILED  
99 NOV - 1 AM 9:38  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

CB  
11-3-99  
4

**ARTICLES OF INCORPORATION  
OF**

**Steffen's Docks, Inc.**

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

**ARTICLE I NAME**

The name of the corporation shall be:

**Steffen's Docks, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

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

**4045 Cox Drive  
Land O' Lakes, FL 34639**

**ARTICLE III CAPITAL STOCK**

The number of shares 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 address of the initial registered agent is:

**Joseph Steffens  
4045 Cox Drive  
Land O' Lakes, FL 34639**

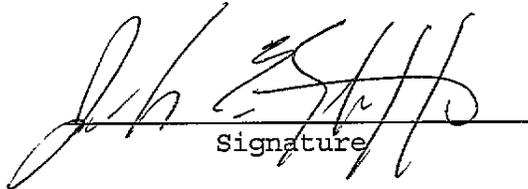
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TALLAHASSEE, FLORIDA

**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

**Joseph Steffens  
4045 Cox Drive  
Land O' Lakes, FL 34639**

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 27 day of Oct, 1999.

  
Signature

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

Steffen's Docks, Inc.

2. The name and address of the registered agent and office is:

Joseph Steffens  
4045 Cox Drive  
Land O' Lakes, FL 34639

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERIFICATE, 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

DATE

*Joseph Steffens*  
10-27-99

99 NOV - 1 AM 9:38  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED