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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

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

FILED

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**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 INTIAL 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**

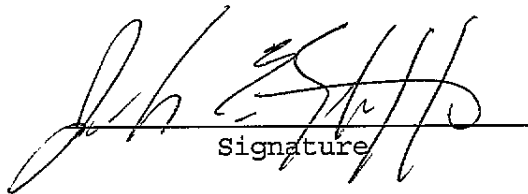
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TALLAHASSEE, FLORIDA

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.

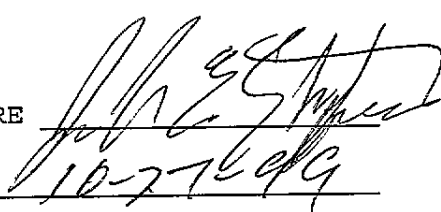
2. The name and address of the registered agent and office is:

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 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

DATE


10-27-99

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