

H96000012096

AUDIT # H96000012096 9
FAX # (813) 363-1422

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TO: DIVISION OF CORPORATIONS FAX #: (904)922-4001
FROM: SEALS N SIGNATURES ACCT#: 076633000325
CONTACT: JOANNE SIRISKA
PHONE: (813)367-3459 FAX #: (813)363-1422

NAME: DISABLED DEALER ENTERPRISES INC.
AUDIT NUMBER.....H96000012096
DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.
CERT. OF STATUS..0 PAGES..... 4
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*Joanne Siriska
9/15/96*

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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

August 29, 1996

SEALS N' SIGNATURES

SUBJECT: DISABLED DEALER ENTERPRISES INC.
REF: W96000018226

We received your electronically transmitted document. However, the document has not been filed and needs the following corrections:

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Teresa Spears
Staff Assistant

FAX Aud. #: H96000012096
Letter Number: 996A00040952

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ARTICLES OF INCORPORATION

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:

DISABLED DEALER ENTERPRISES INC

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TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

Place of Business

5938 FROND WAY
APOLLO BEACH FL 33572

Mailing Address

~~5938 FROND WAY~~
APOLLO BEACH FL 33572

ARTICLE III SHARES

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:

JOANNE SIRISKA
6822 22ND AVENUE N. SUITE 277
ST. PETERSBURG FL. 33710

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ARTICLE V INCORPORATOR(S)

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

Stella Smith
612 Gran Kaymen Way
Apollo Beach Fl 33572

Robert Smith
612 Gran Kaymen Way
Apollo Beach Fl 33572

Oliver O'Riordan
1910 E. Crenshaw
Tampa Fl

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

..... 2nd day of September, 1996.

Stella M. Smith

Signature

.....

Signature

.....

Signature

.....

Signature

.....

Signature

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATED THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA

1. The name of the corporation is:
DISABLED DEALER ENTERPRISES INC

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

JOANNE SIRISKA

(Name)

6822 22ND AVENUE N. SUITE 277

(P.O. Box ~~not~~ acceptable)

ST. PETERSBURG

FL.

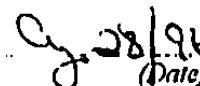
33710

(City/State/Zip)

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TALLAHASSEE, FLORIDA

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 hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation.


(Signature)


(Date)

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