# F05000002898

(Re	equestor's Name)	
(Ad	dress)	<u>.</u>
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



100051088801

04/29/05--01026--012 \*\*87.50



W05-2250

### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: D. D. P. ENTERPRISES, INC.  (Name of corporation - must include suffix)
(Name of corporation - must include suffix)
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
ALBERT MICHAEL SMITH (Name of Person)
(Name of Person)
D. D. P. ENTERPRISES ING.
(Firm/Company)
D. D. P. ENTERPRISES INC.  (Firm/Company)  10422 CARLSON CIRCLE  (Address)  (City/State and Zip code)
(Address)
CLERMONT FL. 34711
(City/State and Zip code)
ORAT 22
For further information concerning this matter, please call:
A. MicHAEL Smith at (352) 536-9955  (Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75 Filing Fee & □ \$87.50 Filing Fee,  Certificate of Status Certified Copy  Certified Copy



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 4, 2005

ALBERT MICHAEL SMITH D.D.P. ENTERPRISES, INC. 10422 CARLSON CIRCLE CLERMONT, FL 34711

SUBJECT: D.D.P. ENTERPRISES, INC.

Ref. Number: W05000022507

PINS MAY 16 PM 1: 21
PINS MAY 16 PM 1: 21
PINS MAY 16 PM 1: 21

We have received your document for D.D.P. ENTERPRISES, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Document Specialist

Letter Number: 005A00031811

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. D. D. P. ENTERPRISES (Enter name of corporation; must include "INCORPORATED,"	INC. O.
(Enter name of corporation; must include "INCORPORATED," "Inc.," "Co.," "Corp," "Inc.," "Co," or "Corp.")	"COMPANY," "CORPORATION,"
0 0 0 T	10000000000000000000000000000000000000
O. D. P. INVESTMENT (If name unavailable in Florida, enter alternate corporate name ac	Jonated for the number of transacting business in Florida
2. NEVADA (State or country under the law of which it is incorporated)  3.	(175) also is a timber 2
•	
4. <u>4-18-2005</u> 5. (Date of incorporation)	PERPETUAL
6. UPON QUALIFI (Date first transacted business in Florida. If corporation has not to	CATION
(SEE SECTIONS 607.1501, 6	607.1502 and 817.155, F.S.)
7. 10422 CARLSON CIRCLE (Principal office address  10422 CARLSON CIRCLE (Current mailing address)	CLERMONT, FL. 34711
(Principal office addre	ss)
10422 CARLSON CIRCLE	CLERMONT FL. 34711
(Current mailing addre	ss)
8. (Purpose(s) of corporation authorized in home state or cou	vess
(Purpose(s) of corporation authorized in home state or cou-	ntry to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (F	O. Box or Mail Drop Box NOT acceptable)
Name: ALBERT MICHAEL SMIT	<del>riu</del>
Office Address: 10422 CARLSON CIR	CLE _
CLEAMOUT	Florida 347//
CLEA MONT (City)	(Zip code)
10. Registered agent's acceptance: Having been named as registered agent and to accept service designated in this application, I hereby accept the appointme further agree to comply with the provisions of all statutes rel and I am familiar with and accept the obligations of my posi	ent as registered agent and agree to act in this capacity. I ative to the proper and complete performance of my duties
a mill Si	nith
(Registered agent's signature)	

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

ALBERT MICHAEL SMITH - 10422 CARLSON CIR. CLERMONT, FL. 34711

SHIRLEY M. WHITAKER -10422 CARLSON CIR. CLERMONT, FL. 34711

Chairman:	ALBERT MICHAEL SMITH
	10422 CARLSON CIRCLE
	1/50 mour 51 24711
	CLERMONT, FL. 34711  SHIRLEY M. WHITAKER  10422 CARLSON CIRCLE  CLERMONT, FL. 34711  ALBERT MICHAEL SMITH  10422 CARLSON CIRCLE  CLERMONT FL. 34711
	10422 CARLSON CIRCLE
	CLERMONT, FL. 34711
	ALBERT MICHAEL SMITH
	10422 CARLSON CIRCLE
	CLEAMONT, FL. 34711
	SHIRLEY M. WHITAKER
	10422 CARLSON CIRCLE
	CLERMONT, FL. 34711
B. OFFIC	
	ALBERT MICHAEL SMITH
	10422 CARLSON CIRCLE
	CLERMONT, FL. 34711
	ent: SHIRLEY M. WHITAKER
	10422 CARLSON CIRCLE
	CLERMONT, FL. 34711
	ALBERT MICHAEL SMITH
	10422 CARLSON CIRCLE, CLERMONT, FL. 34711
	SHIRLEY M. WHITAKER
Address: _	10422 CARLSON CIRCLE, CLERMONT, FL. 34711
NOTE: If	f necessary, you may attach an addendum to the application listing additional officers and/or directors.
	microssary, you may attach an addendam to the approximation instring additional officers and of directors.
13	(Signature of Director or Officer listed in number 12 of the application)
14	ALBERT MICHAEL SMITH - PRESIDENT
	(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE





## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **D.D.P. ENTERPRISES INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since April 18, 2005, and is in good standing in this state.

By

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on April 19, 2005.

DEAN HELLER Secretary of State

Certification Clerk

RIS LEGIS