F99000000037

STREET ADDRESS:

Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

(Name of Person)

MAILING ADDRESS:

(Area Code & Daytime Telephone Number)

Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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. (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.) (State or country under the law of which it is incorporated) Date first transacted business in Florida.) (SEE SECTIONS 607,1501, 607,1502 and 817,155, F.S.) (Current mailing address) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Office Address: 10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(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 addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)
A. DIRECTORS (Street address only - P.O. Box NOT acceptable)
Chairman:
Address:
Vice Chairman:
Address:
100 6 - 111
Director: LISA M. SMIHA
Address: 3+36 blen anden Ka
Virginia Beach, VA 23464
Director: Audra Siler Clay pool
Address: 4820 Summer Landing Drive #306
Laheland, FL 33810
B. OFFICERS (Street address only - P.O. Box NOT acceptable)
President: LISA M. Smith
Address: 3436 Glen arden Rd
Vivoinia Geach NA Daded:
Vice President: Audra Siler (Laupool) 55 pm
Address: 4820 Summer Landing Drive. #306
Lakeland, Fr 33810
Secretary:
Address:
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. MAN MINE
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
(Typed or printed name and capacity of person signing application)

Communication all the Afterginital



State Corporation Commission

I Certify the Following from the Records of the Commission:

SSC Holding Company is a corporation existing under and by virtue of the laws of Virginia, and is in good standing.

The date of incorporation is July 28, 1998.

Nothing more is hereby certified.

SECRETARY OF STATE DIVISION OF CORPORATIONS



Signed and Sealed at Richmond on this Pate: Richmond

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