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ARTICLES OF INCORPORATION

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OF

SSD FUNDING ASSOCIATES, INC.

The undersigned incorporator, for the purpose of forming a corporation under the laws of the state of Florida, hereby adopts the following Articles of Incorporation.

ARTICLE ONE

The name of the corporation is SSD Funding Associates, Inc..

ARTICLE TWO

The address of the principal office is 10739 NW 51st Street, Coral Springs, Florida 33076. The mailing address of the corporation is 10739 NW 51st Street, Coral Springs, Florida 33076.

ARTICLE THREE

The number of shares the corporation is authorized to issue is Two Hundred (200) shares with no par value.

ARTICLE FOUR

The address of its registered office in Florida is 3880 North A1A, North Hutchinson Island, Florida 34949, and the name of the registered agent at such address is Donald Goldman.

ARTICLE FIVE

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The names and addresses of the initial director is:		SEC	00	
	Donald Goldman 3880 North A1A North Hutchinson Island, Florida 34949	DRETMEY OF S LAHASSEE, FL	FEB 1 4 AM	FILED
- - - 	Eric Levy 10739 NW 51st Street Coral Springs, Florida 33076	Daidy	9 5 1	

Stuart Kosloff 8851 Wiles Road Coral Springs, Florida 33067

ARTICLE SIX

The name and address of the incorporator is:

Jennifer Kilibarda BlumbergExcelsior Corporate Services, Inc. 814 San Jacinto Boulevard, Suite 409 Austin, Texas 78701

Signed this 1/1 day of Felanizry 2000.

Johnifer Kilibarda, Incorporator

DISCLAIMER

The undersigned, being the incorporator of SSD Funding Associates, Inc., a corporation filed by the Secretary of State of the State of Florida, does hereby disclaim any and all interest in said corporation.

Signed this <u>If the</u> day of <u>February</u>, 2000.

Jennifer Kilibarda, Incorporator

CERTIFICATE OF ACCEPTANCE OF APPOINTMENT BY RESIDENT AGENT FOR SERVICE OR PROCESS

In the matter of SSD Funding Associates, Inc., 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

By: Signature Registered Agent

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