PORMOUND 0379E

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Subject. The Ir	ncorporation Doub	le S Express, In	ic.	<u>.</u>
Enclosed is ar	n original and One (1)	copy of the articles	of incorporatio	n and a check
\$122.50 F	ling Fee ling Fee & Certificate Filing Fee & Certified Co Filing Fee, Certified Co			OO APR 10 AM SECRETARY OF TALLAHASSET
,	ph L. Colorusso NW 28 Place		The second secon	FSI ORAL
Sunri (954)	se 748-5147	FL	33322	

NOTE: Please provide the original and one copy of the

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Articles of Incorporation Of

<u> </u>	Of	
	Double S Express, Inc.	
The undersigned incorporator(s), j Corporation Act, he	for the purpose of forming a corporation under the F creby adopt(s) the following Articles of Incorporation	Torida Business 1,
	Article I - Name	
The name of the corporation shall	Double S Express, Inc.	
<u> </u>	Article II - Principal Office	
	mailing address of this corporation shall be:	
	Business Address:	18F 8
Address: 868	0 NW 28 Place	LEGAR TO THE PARTY OF THE PARTY
City: Sunrise	e	OO APR 10 TALLAHASSET
State: FL	Zip: 33322	F. 2.2.
	Mailing Address:	
Address: 868	0 NW 28 Place	
City: Sunris	e	
State: FL	Zip: 33322	
Article III	- Shares of Company Stock	
The number of shares of stock that t	this corporation is authorized to issue is,	
1000 Shares, No Pa	ar Value	
<u> Article IV - Initia</u>	I Registered Agent and Street Address	<u>s</u> .
The name and address of the initial r	egistered agent is:	
Name: Joseph L.	Colorusso	
Address: 8680 NW	28 Place	
City: Sunrise		

Zip: 33322

State: FL

Article V - Incorporator(s)

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

Name: Joseph L. Colorusso		Name:				
Address: 8680 NW 28 Place						
City: Sunrise						
State: FL Zip: 33	3322			Zip:		
Name:		Name:				
Address:						
City:						
a. .						
The undersigned incorporator(s) 5th day of April			f Incorporation this	s	-	· _
Jord Z. (A) Sign	nature				 []	. <u></u>
Sigr	nature		4		=	
Sign	ature		_ 			Ē
Sign	ature	<u> </u>			<u> </u>	=

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

PRESENT 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 THE REGISTERED OFFICE / REGISTERED AGENT, IN THE STATE OF

1. The name of the corporation Double S Express, Inc.		=
The name and address of the registered agent and Name: Joseph L. Colorusso	OD APR I	
Address: 8680 NW 28 Place	ED BID	
City: Sunrise State: FL Zip: 33322	000 12 000 12	

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 4/5/00

Date

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

Designation of Registered Agent Fee \$35.00