TRANSMITTAL LETTER 35

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

SUBJECT:	SOUTH SIDE (PROPOSED CORPORA	DREAMER TE NAME – MUST INCL	TWC UDE SUFFIX)	
Enclosed is an origin	nal and one(1) copy of the artic	es of incorporation and]
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	Company of the State of the Sta
FROM	: DWAYNE Name (P 566 N. Bisca		SECRETARY OF STALLAHASSEE, FL	FILED 01 OCT 15 PM 2:

NOTE: Please provide the original and one copy of the articles.

Ps 10/10/01

ARTICLES OF INCORPORATION	•
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	FILED
ARTICLE I NAME	010CT15 PM 2:07
The name of the corporation shall be:	
SOUTHSIDE PARAMER INC	SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
or all D	FC 33169
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	·
For Profit	
ARTICLE IV SHARES The number of shares of stock is: / OO	
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): ONAYNE M. WINN PRESIDENT 56 C N. BISCAPIE RIVEL DR. M.	nia FC 33169
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: DWAYNE M. WYNE 566 N. BISCAYNE RIVER D2 MIA	FL 33169
ARTICLE VII INCORPORATOR	, , ,
The name and address of the Incorporator is:	· · · · · · · · · · · · · · · · · · ·
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1966 N. BISCAJNE RIVER DA MIG	FL 33169
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Having been named as registered agent to accept service of process for the above stated on	reporation at the place decision at 1 and 1
certificate, I am familiar with and accept the appointment as registered agent and agree to	act in this capacity
M. W.	10/9/21
Signature/Registered Agent	
	1
hayn M. W.	10/9/01
Signature/Incorporator	Date