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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

DDMMD Logistics Corp.

Certificate of Status	0
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p.2

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H11000102840 3
2011 APR 18 PM 12:59

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

DDMMD LOGISTICS CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2111 S DIVISION AVE SUITE B
ORLANDO, FLORIDA 32805

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is:

DIRECTOR, PRESIDENT, VICE PRESIDENT, SECRETARY, TREASURER
HECTOR ROJAS
2111 S DIVISION AVE SUITE B
ORLANDO, FLORIDA 32805

H11000102840 3

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DIVISION OF CORPORATIONS
H110001028403

2011 APR 18 PM 12:59

PAGE 2 DDMMD LOGISTICS CORP.

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

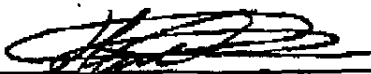
HECTOR ROJAS
2111 S DIVISION AVE SUITE B
ORLANDO, FLORIDA 32805

ARTICLE VII INCORPORATOR

The name and street address of the incorporator is:

HECTOR ROJAS
2111 S DIVISION AVE SUITE B
ORLANDO, FLORIDA 32805

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.


HECTOR ROJAS / Registered Agent

04/18/11
Date


HECTOR ROJAS / Incorporator

04/18/11
Date

H110001028403