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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 : YOUR CAPITAL CONNECTION, INC
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 222-1222

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****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
DRD SHIPPING, INC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**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:

DRD SHIPPING, INC**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

7740 NW 29TH STREET**MARGATE, FL 33063****ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

NEW BUSINESS**ARTICLE IV SHARES**

The number of shares of stock is:

100 SHARES**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s) and address(es):

DENNIS LOWE**7740 NW 29TH STREET****MARGATE, FL 33063****ARTICLE VI REGISTERED AGENT**

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

DENNIS LOWE**7740 NW 29TH STREET****MARGATE, FL 33063****ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

DENNIS LOWE**7740 NW 29TH STREET****MARGATE, FL 33063**

Having been 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



Signature/Registered Agent10/25/11
Date

Signature/Incorporator10/25/11
Date