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(Requestor's Name)

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(Business Entity Name)

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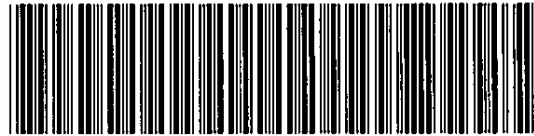
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: NDD SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

NDD SERVICES, INC.

1239 COURT AVENUE

CHIPLEY, FLORIDA 32428

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO CONDUCT BUSINESS FOR
PROFIT IN VARIOUS BUSINESS ENTERPRISES/LINES OF BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mark Edward Weeks, Director Name and Title: Mark Edward Weeks, Secretary

Address: 1239 Court Avenue Address: 1239 Court Avenue
Chipley Florida 32428 Chipley Florida

Name and Title: Mark Edward Weeks, President Name and Title: Mark Edward Weeks, CEO

Address: 1239 Court Avenue Address: 1239 Court Avenue
Chipley Florida 32428 Chipley Florida 32428

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Mark Edward Weeks
Address: 1239 Court Avenue
Chipley Florida 32428

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Mark Edward Weeks
Address: 1239 Court Avenue
Chipley Florida 32428

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: November 1, 2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Mark Edward Weeks 11/1/2016
Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Mark Edward Weeks 11/1/2016
Required Signature/Incorporator Date

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MILANASSETT, LINDA