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SECRETARY OF STAND

W18-96192



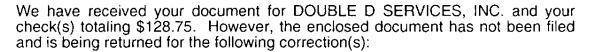
FLORIDA DEPARTMENT OF STATE Division of Corporations

November 1, 2018

DOUBLE D SERVICES, INC. PO BOX 151761 CAPE CORAL, FL 33915-1761

SUBJECT: DOUBLE D SERVICES, INC.

Ref. Number: W18000096192



The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Matthew T Moon Regulatory Specialist III

Letter Number: 218A00022587



COVER LETTER

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

SUBJECT: Domestication and filing of a foreign corporation

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication \$ 50.00 Articles of Incorporation and Certified Copy \$ 78.75 Total to domesticate and file \$128.75

OPTIONAL:

Certificate of Status

\$ 8.75

Double D Services SWFL, Inc.

Name (printed or typed)

PO Box 151761

Address

Cape Coral, FL 33915-1761

City, State & Zip

631-831-4769

Daytime Telephone Number

ajmarcayz@gmail.com

E-mail address: (to be used for future annual report notification)

CERTIFICATE OF DOMESTICATION

The undersigned, Anth	ony Marchese	President			
<u> </u>	(Name)		(Title)		
of Double D Service	es, Inc.		a forei	ign corporati	on,
,	Corporation Name) 7.1801, Florida Statutes, does h	nereby certify:			
1. The date on which co	orporation was first formed was	t formed was October 1st , 2002			
	re the above named corporation Suffolk County New Yor		ncorporate	ed, or otherw	vise ——·
3. The name of the corpwas Double D Se	poration immediately prior to the rvices, Inc.	ne filing of this Certi	ificate of I	Domesticatio	on
	poration, as set forth in its article.0401 with this certificate is Do	•		•) —
administration of the	constituted the seat, siege social corporation, or any other equivalent filing of the Certificate of Dork	valent jurisdiction u			·
6. Attached are Florida to s. 607.1801.	articles of incorporation to con	aplete the domestica	ition requi	rements pur	suant
I am President	, of Double D Services,	Inc.			
and am authorized to sig so this the 21 day of	n this Certificate of Domestica November	tion on behalf of the	•	on and have 2018	done
6	Introny M (Authorized Sig	andre gnature)		SECRE !	- -
Arti	Filing Fe tificate of Domestication cles of Incorporation and Cer al to domesticate and file	rtified Copy	\$ 50.00 \$ 78.75 \$128.75	ARY SEE FIRMS	ILED

ARTICLES OF INCORPORATION IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE	I	NAME

THE NAME OF THE CORPORATION SHALL BE:

Double D Services SWFL, Inc.

Double D Services SWFL, Inc. PO Box 151761 Cape Coral, FL 33915-1761			
			NIZED:
SECTION ALLEA			
NOV 26 AN II: 5			

ARTICLE IV	SHARES	200	
THE NUMBER OF SHA	ARES OF STOCK IS	s: <u>200 </u>	

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name President Anthony Marchese	Title/Name
PO Box 151761	
Cape Coral, FL 33915-1761	
Title/Name	Title/Name
	TALLAHASSEF
Title/Name	Title/Name
Title/Name	Title/Name

INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Anthony Marchese 3020 SE 5th PI

Cape Coral, FL 33904-3411

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Anthony Marchese

PO Box 151761

Cape Coral, FL 33915-1761

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 AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

11/21/2018 Date

11/21/2018