

**P9700038265**

Requestor Name: \_\_\_\_\_  
 Address: 890 S.W. 87 AVENUE, SUITE: 16  
 MIAMI, FLORIDA 33174 (305)552-5973  
 City/State/Zip Phone #  
 LOCAL REPRESENTATIVE TALLAHASSEE

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 -04/24/97--01037--003  
 \*\*\*\*122.50 \*\*\*\*122.50

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. S.S.C. INC. (Corporation Name) \_\_\_\_\_ (Document #) \_\_\_\_\_
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) \_\_\_\_\_
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) \_\_\_\_\_
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) \_\_\_\_\_

97 APR 29 PM 3:32  
 TALLAHASSEE FLORIDA

- Walk in    
  Pick up time 2:00    
  Certified Copy  
 Mail out    
 Will wait    
 Photocopy    
 Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

*1197-9562*  
*4/29*

97 APR 21 AM 11:48  
 TALLAHASSEE FLORIDA

Examiner's Initials	_____
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FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

April 24, 1997

LAZARUS

MIAMI, FL

SUBJECT: S.S.C., INC.  
Ref. Number: W97000009569

We have received your document for S.S.C., INC. and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

If you have any questions concerning the filing of your document, please call (904) 487-6934.

Loria Poole  
Corporate Specialist

Letter Number: 797A00021252

# ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

## ARTICLE I NAME

The name of the corporation shall be: C.C.S. GROUP INC.

97 APR 29 PM 3:32  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

## ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

483 S.E. 3rd ST UNIT RR  
HIALEAH FL 33010-5311

## ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

4/ 4000

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CARLOS SALMON  
483 SE 3rd ST UNIT RR  
HIALEAH FL 33010-5311

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

483 - SE 3rd ST UNIT R.R.  
HIALEAH FL 33010-5311

CATHERINE SEGOLE  
CARLOS SALMON

ARTICLE VI DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are):

483 SE 3rd ST UNIT RR  
HIALEAH FL 33010-5311

CATHERINE SEGOLE  
CARLOS SALMON

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

23 day of 4, 1997.

*Carlos Salmon*

Signature

*Catherine Segole*

Signature

Signature

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: C.C.S. GROUP INC.

2. The name and address of the registered agent and office is:

CARLOS SALMON  
(NAME)

483 S.E. 3rd ST UNIT RR  
(P.O. BOX NOT ACCEPTABLE)

HIWALEAH FL 33010-5311  
(CITY/STATE/ZIP)

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 HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE *Carlos Salmon*

DATE 23-4-

FILED  
APR 29  
PM 3:32  
CLERK OF STATE  
TALLAHASSEE  
FLORIDA