TRANSMITTAL LETTER

70000 77679

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

S.S.S. DISTRIBUTORS. INC.

(Proposed corporate name - must include suffix)



5000022853**7**5--3 -09/05/97--01033--003 *****78.75 *****78.75

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

\$70.00 Filing Fee

\$78.75

Filing Fee

& Certificate

\$122.50

\$131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: SHARAN CARA
Name (Printed or typed)
P.O.Box 617403
Address

ORLANDO, FL. 32869

City, State & Zip

(407) 523-9103

Daytime Telephone number

9 1997 AUG

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Floric	la
Business Corporation Act, hereby adopts the following Articles of Incorporation.	

ARTICLE I NAME

The name of the corporation shall be:

S.S. S. DISTRI BUTORS, INC.

ARTICLE II PRINCIPAL OFFICE

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

1681 S. KIRKMAN RD. SUITE 347

ORLANDO, FL 32811

ARTICLE III SHARES

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

loa

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

MUKESH CARA
1681 S. KIRKMAN RD # 347
ORLANDO, FL. 32811
ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

SHARAN CARA

P.O.BOX 617403

ORLANDO, FL. 32869

09/02/97

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 1-kereby 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/Registered Agent