# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1. • Tallahassee, Florida 32302 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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Requested by:

Name

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SECRETARY OF STATE DIVISION OF CORPORATION

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# ARTICLE OF INCORPORATIONS OF D.D OF BROWARD, INC

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

### ARTICLE I NAME

The name of the corpration shall be:

D.D OF BROWARD, INC

## ARTICLE II PRINCIPAL OFFICE

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

179 S. STATE RD 7 MARGATE FL 33068

### ARTICLE III CAPITAL STOCK

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

**500 SHARES AT \$1.00 PAR VALUE** 

### ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registrattion agent
ALBERT DAVIS
179 S STATE RD 7
MARGATE FL 33068

### ARTICLE V INCORPORATOR(S)

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

ALBERT DAVIS: 8693 JASMINE WAY BOCA RATON FL 33496

The undersigned incorporator (s) has (have) executed these Articles of Incorporation this October 7, 1997.

ALBERT DAVIS
PRESIDENT

VICE-PRESIDENT

SECRETARY OF STATE DIVISION OF CORPORATIONS

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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PURSUANT TO THE PROVISION OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA SUBMITS THE FOLLOWING STATEMENT IN DESIGNATION THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

D.D OF BROWARD, INC

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

ALBERT DAVIS 8693 JASMINE WAY BOCA RATON, FL 33496

Having been named as registered agent and to accept service of process for the above stated corporation at the designated in this certificate, I hereby accept the appoinment as registered agent and agree to act in this capacity. I further agree to comply with 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

Date