P98000027285

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

SUBJECT:	SSDD, Inc.,		<u></u>		
	(Proposed corpo	rate name - must include su	iffix)		
			00002 -03/2 ****	2464: 3/980 122.50	8404 11049012 ****122.50
Enclosed is an origina	al and one(1) copy of the article	s of incorporation and a	check for :		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	\$131.2 Filing Fe Certified & Certifi	e, Copy	
	,	ADDITIONAL CO	PY REQUI	RED	
FROM: _	ALVIN J LUCAS Name (Printed or typed)				and the second
1134 YORKSHIRE STREET (P O Box 2936)					
Address					
PORT CHARLOTTE, FL33949					
~ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		(941) 743-8465 Daytime Telephone number		STATE 1.000 A	

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

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

SSDD, Inc.,

ARTICLE II PRINCIPAL OFFICE

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

2103 SE 11th ST

Cape Coral

FL 33990

ARTICLE III SHARES

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

100 Shares common stock @ \$1.00 par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Mark Southwick 2103SE

2103SE11th St Cape Coral FL 33990

ARTICLE V INCORPORATOR

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

Mark Southwick

2103 SE 11th ST Cape Coral FL 33990

Signature/Incorporator

1015

Date

(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, 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/Registered Agent

Date