TRANSMITTAL LETTER

P98000074270

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

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CID IFOT.	DATA	DUPLICATION	SERVICES
SUBJECT:	(Proposed	l corporate name - must include suf	ffix)
, see a market ambier	• •		
Enclosed is an original a	nd one(1) copy of the	articles of incorporation and a	check for :
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	☐ \$131.25 Filing Fee, Certified Copy & Certificate
		ADDITIONAL CO	PY REQUIRED
FROM:	SANDRA	C C LEEVE	LEY
	1000	AN CHORAGE Address	EOUIZT
<u>. </u>	WINTER	PARK FL City, State & Zip	32789
_	407- Da	- 629-841 ytime Telephone number	4 SECR
			98 AUG 24 PM 1: 54 SECRETARY OF STATE ALLAHASSEE, FLORIDA

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 Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

SECRETARY OF STATE TALLAHASSEE, FLORIDA	98 AUG 24 PM 1:54	דור ווינ
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ARTICLE I NAME	
The name of the corporation shall be:	
DATA DUPLICATION SERVICES IN	Į C
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 1000 AN CHORAGE COURT WINTER PARK	<
1000 AN LHORAGE COURT WINTER	
FL 32789 ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is:	
1000	
1000	
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: SANDRA C CLEEVELEY	
1000 ALCHERT COLOR WINTER PARK	
ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of Incorporation are:	
SANDRA [[LEEVELEY	
1000 ANCHORAGE COURT	
WINTER PARK FL 32789	

(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