Department of State **Division of Corporations**

P. O. Box 6327 Tallahassee, FL 32314 SUBJECT: Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$78.75 \$70.00 \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED

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

ARTICLES OF INCORPORATION

Authorition	· •
The undersigned incorporator, for the purpose of forming a Business Corporation Act, hereby adopts the following Artic	
Dustices Corporation Net, hereby adopts the joilowing 21 to	nes of Incorporation.
ARTICLE I NAME	70: 0
The name of the corporation shall be:	S. S
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WWW CONCEPTS	LNC、显影。
ARTICLE II PRINCIPAL OFFICE	P
The principal place of business and mailing address of	this corporation shall be:
14250 froch AU Q# 60	· · · · · · · · · · · · · · · · · · ·
JACKSONVILLE TH 32250	· · · · · · · · · · · · · · · · · · ·
The number of shares of stock that this corporation is a	uthorized to have outstanding at any one time is:
[00,000	ū ·
ARTICLE IV INITIAL REGISTERED AG	ENT AND STREET ADDRESS
The name and Florida street address of the initial regist	ered agent are:
William C. OSEWAGT	
JACKSOVILLE 11 32250	
JACKSONILLE 11 32250	
ARTICLE V INCORPORATOR	
The <u>name and address</u> of the incorporator to these Ar	ticles of incorporation are:
William (. Ostwact	na dia mandri dia mpikamban dia mpikamban dia mpikamban dia mpikamban dia mpikamban dia mpikamban dia mpikamba Tanggaran
14750 PRACH BIVD #60	<u> </u>
JACKSONVILLE AT 32250	·
15 1 76670	
[DA C Voxinh +	1-14-99
Signature/Incorporator	Date
1	
(An additional article must be a	dded if an effective date is requested.)
(र मा कार्याचनाचा साचान माध्य ५० क	and if all effective date is requested.)
	process for the above stated corporation at the place designated in this
	and agree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept the
provisions of my position as registered agent	
LAYW WELL H	L14-99
VV WWW	
Signature/Registered Agent	Date