P99000032288

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

COC. EXAM

SUBJECT: CRTITIC DRAS SOLOT DE CATSICE (Proposed corporate name - must include suffix)

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

□ \$70.00 □ \$78.75
Filing Fee Filing Fee

& Certificate of Status

□\$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

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		Name (Finited of ty	peu)	-	99	
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	94	Mykrs	H. 3	3905		
		// City, State & Zi	p	ĐΆ	7	
	(941)	(93-59	794			
alba Jarres	GAVE	Daytime Telephone n	ıumber	•		
THORPATHIN BY 1	PHONE TO	·			Jude Sala Par	:
AUTHORIZATION ST	corp. name	u ===				

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

8. Brock

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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation und Business Corporation Act, hereby adopts the following Articles of Incorpora	
ARTICLE I NAME The name of the corporation shall be: SDLI, Inc.	9APR-5 PH
ARTICLE II PRINCIPAL OFFICE	
The principal place of business and mailing address of this corporation	shall be:
4901 Palm Ben Blid. 4. myes. 41. 33905	
ARTICLE HI SHARES	titi i. Alla siviti i situan mahandan dilan i sarradar sidadan misa tanya sadardanan yang ili. 1900-1900 di in
The number of shares of stock that this corporation is authorized to have	ve outstanding at any one time is:
ARTICLE IV INITIAL REGISTERED AGENT AND S The name and Florida street address of the initial registered agent are:	
Alba R. Torres 5111 neal Rd 4.	myess 4. 33905
ARTICLE V INCORPORATOR	·
The <u>name and address</u> of the incorporator to these Articles of Incorporator	oration are:
ALBA R. Torres 5171 neal Rd 44. m	jeus 41. 33905
Albar Jons	3/29/99
Signature/Incorporator	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