

P99000091806  
TRANSMITTAL LETTER

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

100003014521--2  
-10/14/99--01047--010  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: SM-DDS INC.  
(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  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Additional Copy Required

FROM: SCOTT MOORE  
Name (printed or typed)

34834 S. HAINES CREEK  
Address

LEESBURG, FL 34788  
City, State & Zip

352-267-0678  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99 OCT 14 PM 3:27

FILED

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

TS 10/19/99

## ARTICLES OF INCORPORATION

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

### ARTICLE I NAME

The name of the corporation shall be:

*SM - DOS, INC.*

### ARTICLE II PRINCIPAL OFFICE

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

*34834 S. Haines Creek Road  
Leesburg, FL 34788*

### ARTICLE III SHARES

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

*5,000*

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*SCOTT MOORE  
34834 S. Haines Creek Road  
Leesburg, FL 34788*

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TALLAHASSEE, FLORIDA

ARTICLE V. INCORPORATOR(S)

See instructions for officers/directors

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

SCOTT MOORE  
34834 S. MAINES CREEK RD  
LARGESBURG, FL. 34788

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

11<sup>th</sup> day of October, 19 99.

Scott Moore Resident  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

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

1. The name of the corporation is:

SM-DOS, INC.

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

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99 OCT 14 PM 3:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SCOTT MOORE

(NAME)

34834 S. Haines Creek Road

(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

Leesburg, FL 34788

(CITY/STATE/ZIP)

*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.*

Scott Moore

(SIGNATURE)

10-11-99

(DATE)