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

900003107889----01/24/00--01080--010

SUBJECT:

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 Haufe Name (Printed or typed)

813-908-7316

Daytime Telephone number

NOTE: Please provide the original and one conv of the articles

Articles of Incorporation for S- corporation

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: Corporation Name

The name of the corporation shall be Megamax Systems Incorporated

Article II: Principle Office

The principle place of business and mailing address of this corporation shall be 18101 #309 Peregrine's Perch, Lutz, FL 33549 Phone 813-908-7316

Article III: Number of Shares

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 10,000 (Ten Thousand)

Article IV: Initial Registered Agent and Street Address

The name and Florida street address of the initial registered agent are Nicole Calandra Haufe, 18101 #309 Peregrine's Perch, Lutz, FL 33549 Phone 813-908-7316

Article V: Incorporator

The name and address of the incorporator to these Articles of Incorporation are Scott M. W. Haufe, 18101 #309 Peregrine's Perch, Lutz, FL 33549

Signature of Une or porator

01-19-00 Date

Article VI: Purpose of Corporation

The purpose of this corporation is for the management and sale of land and or other real estate properties, as well as any other investments and business deemed acceptable to the corporation.

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 of Registered Agent

Date