TRANSMITTAL LETTER

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

subject:

James D. Maxwell, Inc.

(Proposed corporate name - must include suffix)

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

档 \$70.00

\$78.75

filing Fee Filing Fee

& Certificate of Status

\$78.75

Filing Fee

\$87.50 Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM:

James D. Maxwell

Name (Printed or typed)

764 Dean Ave.

Address

Sarasota, FL 34237

City, State & Zip

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

ARTICLES OF INCORPORATION

FILED

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
TALL AHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

James D. Maxwell, Inc.

ARTICLE II PRINCIPAL OFFICE

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

764 Dean Ave. Sarasota, FL 34237

ARTICLE III SHARES

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

5,000 Shares of No Par Stock

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

James D. Maxwell ...

764 Dean Ave...

Sarasota, FL 34237

ARTICLE V INCORPORATOR

The tiante and address of the incorporator to these Articles of Incorporation are:

James D. Maxwell.

764 Dean Ave.

Sarasota, FL 34237

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Signature/Incorporator

Dafe.

(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