POOOOOO69428

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

600003318386--2 -07/10/00--01136--019 *****78.75 ******78.75

SUBJECT: 3 MAX, TNC. (Proposed corporate na	ame - must include suffix)
Enclosed is an original and one (1) coper for: \$70.00 \$78.75 Filing Fee & Certificate	py of the articles of incorporation and a check \$122.50 \$131.25 Filing Fee Filing Fee, & Certified Copy & Certificate Additional Copy Required
FROM: JOHN A Name	(printed or typed) Relle Rive BLVD 204 8
904/	Address NVILLe, PC 32256 ity, State & Zip 333-3410 e Telephone number

W-17595

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

y1/13



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 13, 2000

JOHN MACLEOD 10010 BELLE RIVE BLVD., #904 JACKSONVILLE, FL 32256

SUBJECT: 3 MAX, INC.

Ref. Number: W00000017595

We have received your document for 3 MAX, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as Registered Agent.)

The registered agent must sign accepting the designation.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6878.

Alan Crum Document Specialist

Letter Number: 900A00038636

ARTICLES OF INCORPORATION

The undersigned incorporators, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt the following Articles of Incorporation.

ARTICLE I Name

The name of this Corporation shall be:

3 Max, Inc.

ARTICLE II Principal Office

Principal Place of Business and Mailing Address of this corporation shall be 309 Sand Castle Way

Neptune Beach, Florida

ARTICLE III Shares

The initial shares will be 10,000 shares.

ARTICLE IV Initial Registered Agent and Street Address

The name and address of the initial registered agent is:

Donald H. MacLeod, Jr. 309 Sand Castle Way Neptune Beach, FL 32266

ARTICLE V Incorporator(s)

Donald H. MacLeod, Jr. - 309 Sand Castle Way, Neptune Beach, FL 32266 John D. MacLeod - 10010 Belle Rive # 904, Jacksonville, FL 32256 Katherine M. Dulaney - 430 French Avenue, Jacksonville, FL 32212 Anita T. MacLeod - 309 Sand Castle Way, Neptune Beach, FL 32266

Manner of election of directors.

The initial board of directors will consist of the incorporators of the organization. Future board members will be elected or appointed in accordance with the Corporation's bylaws

The initial Corporate Officers will be selected by a majority of the initial Board of Directors. Future officers will be appointed under the terms of the Corporate Bylaws as defined at time of appointment.	
The undersigned incorporator has executed these Article of Incorporation this // day of, 2000.	
Signature of Incorporator: John Mac Leed TO HO MAC CEOD	
Typed Name of incorporator signing	

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:	3 MAX, INC				
2.	The name and address of the registe	red agent and office is:	TALL	00,	·	
	DONALD	H. MAELEOD, JR.				· = _ ^~
	<u>309</u> 57 (P.O. Box	WD CASTLE WAY or Mail Drop Box <u>NOT</u> ACCEPTABLE)	. LURIDA	PH 3: 16	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Ne ptun	CITY/STATE/ZIP)	<u> </u>	-		<u>.</u>

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) (DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314