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TRANSMITTAL LETTER

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

700003367837---9 -08/22/00--01075--005 ******78.75 ******78.75

MAXIMUS & COMPANY, INC. **SUBJECT:** (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Enclosed is an original and one(1) copy of the articles of incorporation and a check for : ■ \$87.50 **□** \$78.75 \$70.00 **Д** \$78.75 Filing Fee Filing Fee, Filing Fee Filing Fee Certified Copy & Certified Copy & Certificate of Status & Certificate of Status ADDITIONAL COPY REQUIRED Ramses Peralta FROM: Name (Printed or typed) P.O. Box 630661 Address North Miami Beach, FL 33163 City, State & Zip 305-484-6200 Daytime Telephone number

D	NOTE: Please provide the original and one copy of the articles.
Kamper	GAVE
AUTHORIZATION BY	PHONE TO
CORRECT_CAMP	
DATE	4/2 9
DOC. EXAM	<u> </u>

ARTICLES OF INCORPORATIONS
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I The name of the corpor	NAME ation shall be :	MAXIMUS & C	OMPANY INC			÷ : —
ARTICLE II The principal place of b	PRINCIPLE OF	ICE.			· ,	
ARTICLE III The purpose for which t web sites.	PURPOSE he corporation is	organized is to conduc	t business on the Inte	met by designin	g	
ARTICLE IV The number of shares o	SHARES f stock is 11,000 s	shares at .001 par valu	22.2 *2. e.	ans s		- ₄ -
ARTICLE V The name and Florida st Susan Peralta 1015 NE 163 rd Street North Miami Beach, FL 3		GENT ne registered agent is:		SECRETARY OF	MM AUG 22 AM	
ARTICLE VI The name and address of Ramses Peralta 1015 NE 163 rd Street North Miami Beach, FL 3	·	<u>₹</u> is;	e e d'authorie de la communicación de la commu	FLORIDA	9 th	• • • • • • • • • • • • • • • • • • •
Having been named as corporation at the place appointment as register	red agent and ag	DIS Certificate. I am fo	miliar with and acce pany.	ve stated opt the	·	
Randing Routs Signature/Incorporator	×	 	Date Date	<u>00</u>		