→ F L Department of State **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314 Maximum Potential, Inc. (Proposed corporate name - must include suffix) 500004439865--4 -06/25/01--01127--024 *****78.75 *****78.75 Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$70.00 \$78.75 **≥**23\$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED Garry St. Louis FROM: Name (Printed or typed) 12901 N. E. 13th. Avenue Address

Miami, Florida 33161 City, State & Zip 305-893-2921 Daytime Telephone number 786-382-2786

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

ARTICLES OF INCORPORATION

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

NAME ARTICLE I

The name of the corporation shall be:

Maximum Potential, Inc.

PRINCIPAL OFFICE ARTICLE II

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

12901 N. E. 13th. Avenue Miami, Florida 33161

SHARES ARTICLE III

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

One hundred (100) shares

INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE IV

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

Garry St. Louis 12901 N. E. 13th. Avenue

33161 Miami.

INCORPORATOR

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

Garry St. Louis

12901 N. E. 13th. Avenue

3,21,61 Miami, FL

mature/Incorporator

(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 at registered agent

Signature/Registered Agent

06.15.01

Of MASSICO STATE