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

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SUBJECT: MINI MAX WORLD WIDE ENTREPRISE INC.

(Proposed corporate name - must include suffix)

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

\$70.00

\$78.75

Filing Fee

Filing Fee

& Certificate of Status

\$78.75

Filing Fee

& Certified Copy

\$87.50

Filing Fee,

Certified Copy & Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: CHUKS A. ASIBELUA	
Name (Printed or typed)	n st ip e 1914 i
2024 COTSWOOD DR Address	SECRETAR TALLAHAS
ORLANDO, FLORIDA 32825 City, State & Zip	SEE FLO
(407) 282-5823 Daytime Telephone number	ATE RIDA

F. OF RESIDEN

NOV

7 2001

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.

ARTICLE I NAME

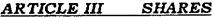
The name of the corporation shall be:

MINI MAX WORLD WIDE ENTREPRISE INC.

ARTICLE II PRINCIPAL OFFICE

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

2024 COTSWOOD DR. ORLANDO, FLORIDA 32825



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

11 111

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

CHUKS A. ASIBELUA

2024 COTSWOOD DR ORLANDO, FLORIDA 32825

ARTICLE V INCORPORATOR

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

CHUKS ASIBELUA 2024 COTSWOOD DR ORLANDO, FLORIDA 32825

Hellil Signature/Incorporator

10/15/2001

Date

(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