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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 222-1222

FLORIDA PROFIT CORPORATION OR P.A.
MAX LEASING & SECURITY CORP.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

MAX LEASING & SECURITY CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

12134 CORNER OAKS DR.
JACKSONVILLE FL. 32223**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

EQUIPMENT SALES & LEASING.

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

DIANE BYERS VANDEVENDER
12134 CORNER OAKS DR.
JACKSONVILLE FL. 32223**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

JAY A. VANDEVENDER
12134 CORNER OAKS DR.**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

DIANE BYERS VANDEVENDER
12134 CORNER OAKS DR.

JACKSONVILLE FL. 32223

Having been named as registered agent in acceptance of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

1/18/02

Date

Signature/Incorporator

1/18/02

Date

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