PO200052161 TRANSMITTAL LETTER

Department of Division of Co Post Office Bo	erporations ox 6327	* 	<u></u>	FILED 02 MAY 10 P SECRETARY C	
Tallahassee, Fl	onda <i>323</i> 14			- F - F	
SUBJECT:	Maximum Ser	vices, Inc.		OR OR	
n 1 1.	·	roposed corporate name – must include s	,	>	
Enclosed is an	original and one (1	l) copy of the articles of incor	poration and a check	c for:	
⊠ \$70.00 Filing Fee	S78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	□ \$131.25 Filing Fee, Certified Copy & Certificate		
		Additional (Copy Required		
	From:	Tad Filipczak			
		Name (printed or ty	ped)		
		4580 Baywood Dr.	2000053132823 -04/22/0201065001		
		Address	******* (*	0.00 *****70.00	
		Pensacola, FL 32504 City, State & Zip	· · · · · · · · · · · · · · · · · · ·	<u></u>	
		(850) 473-0041			
				 =	

Daytime Telephone Number

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

16/0/02



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 25, 2002

TAD FILIPCZAK 4580 BAYWOOD DR PENSACOLA, FL 32504

SUBJECT: MAXIMUM SERVICES, INC.

Ref. Number: W02000011877

We have received your document for MAXIMUM SERVICES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6933.

Dale White Document Specialist New Filings Section

Letter Number: 402A00025311

ARTICLES OF INCORPORATION

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

FILED

02 MAY 10 PM 4: 40

SECRETARY OF STATE
ANALYSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Maximum Services, Inc. MAXIMUM Quality
Services Inc

ARTICLE II PRINCIPAL OFFICE

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

4580 Baywood Dr. Pensacola, FL 32504

ARTICLE III - SHARES

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

The total number of shares authorized is 1000 (one thousand). The class shall be common. The par value per share shall be \$1.00.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Tad Filipczak 4580 Baywood Dr. Pensacola, FL 32504

ARTICLE V. INCORPORATOR(S) See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

Tad Filipczak 4580 Baywood Dr. Pensacola, FL 32504

The unders	igned incorpor	rator(s) has (have) executed these	Articles of Incorporation this	
29th	day of	<u>March</u>	, 20 02 .	
	To	d W (Signature)		
		(orginical)		
		(Signature)		
		(e-games)	- ·	
		(Signature)		

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGAINIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTEDED AGENT, IN THE STATE OF FLORIDA.

STATE OF FLORIDA.	e e e e e en e	. 4	- - •	
 The name of the corporation is:	Maximum Services, Inc.	Quality	Service	es Inc
3. The name and address of the regis	tered agent and office is:		02 HAY SEGRETI TALLAHA	- ·
(P.O. E	aywood Dr. Box or Mail Drop Box <u>NOT</u> Acceptab ola, FL 32504 (City/State/Zip)	le)	ARY OF STATE SSEE, FLORIDA	ILED
Having been named as registered agent and t place designated in this certificate, I hereby ac capacity. I further agree to comply with the p performance of my duties, and I am familiar	o accept service of process for the accept the appointment as registered provisions of all statutes relating to	agent and agree to act the proper and compl	t in this lete	·
loud Him (Signature)		45-02 (Date))	***