P02000111591

Date: September 20, 2002

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

			2000083975	152 _{m4} 6
	Re:	CROSSLYN MAX, INC.	*****78.75	******78.75
		(name of corporation)		
Gentlemer	n:			
Enclosed check in the	please find the ne amount of \$78	original and one copy of Articles of I	Incorporation, together with my	f
This repre Registered	sents the cost of d Agent Designa	f the Filing Fees, Certified Copy of Artic tion for the above named corporation.	cles of Incorporation and Fee for	r
		Very truly yours,		
		(individua	Me Summy al's name)	
		CDOSS	LYN MAX, INC.	
			corporation)	-
MAILING ADDRESS OF CORPORATION				
			nelope Drive Vachee, FL 34613-4009	_ .
				 u-
		PHONE		-
		(352) Area Code	597-0066	
				. d = {;

Seminole Form 215: Trans. Letter (7-90)

F 10/16/02

ARTICLES OF INCORPORATION

2002 OCT 16 PM 2: 27

		of	2002 007 10 111 2
	CROSSLYN MA	X, INC.	Till Alexander A
	(name of cor	poration)	maken an
	ed subscriber(s) to these Articles of Inder the laws of the State of Florida.	corporation, natural person(s) competent to contract, hereby form a
The name of th	ARTICLE I ne corporation is:	CORPORATE NAMI	Ę
	CROSSLYN MA	X, INC.	
	ARTIC	LE II DURATION	
This corporation	n shall exist perpetually unless dissolve	ed according to Florida law.	
	ARTIC	LE III – PURPOSE	
	n is organized for the purpose of engaç and the State of Florida.	ing in any activities of busin	ess permitted under the laws of the
	ARTICLE	IV – CAPITAL STOCK	•
The corporation (\$1	n is authorized to issue ONE THO par value Common Stock, which	USAND shares (1 shall be designated "Comm	, , , , , , , , , , , , , , , , , , , ,
	ARTICLE V INITIAL R	EGISTERED OFFICE	AND AGENT
The principal of	ffice, if known, or the mailing address o	of the comoration is:	
NAME	CROSSLYN MAX, INC.		
ADDRESS	9105 PENELOPE DRIV		
CITY	WEEKI WACHEE,	FLORIDA	ZIP 34613-4009
CITE	WEER WACIEL,	FLORIDA	ZIF 34013-4003
The name and	street address of the Initial Registered	Agent of the Corporation is:	
NAME	ROBERT J. McINERNEY		
ADDRESS	9105 PENELOPE DRIV	E	
CITY	WEEKI WACHEE,	FLORIDA	ZIP 34613-4009
	ARTICLE VI – INF	TIAL BOARD OF DIRE	ECTORS
This corporation	n shall have TWO (2) d	irectors initially. The number	er of directors may be either increased or
diminished from	n time to time by the By-Laws, but shall		The names and addresses of the initial
	e corporation are as follows:	27	
NAME	ROBERT J. McINERNE		
ADDRESS	9105 PENELOPE DRIV		
CITY	WEEKI WACHEE,	FLORIDA	ZIP 34613-4009
NAME	THOMAS E. McINERNE		
ADDRESS	9105 PENELOPE DRIV	E	
CITY	WEEKI WACHEE, FL	FLORIDA	ZIP 34613-4009
NAME			
ADDRESS CITY		FLORIDA	ZìP
OHI		LUNIDA	Z IF

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SEMINOLE-MIAMI

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators significant	2:	on are as follows:	····
NAME ROBERT J. McINER	NEY		
ADDRESS 9105 PENELOPE DE	RIVE		
CITY WEEKI WACHEE,	FLORIDA	ZIP 34613-4	1009
NAME			
ADDRESS		-	
CITY	FLORIDA	ZIP	
NAME		·	
ADDRESS			
CITY	FLORIDA	ZIP	
IN WITNESS WHEREOF, the undersigned suited ay of	bscriber(s) have executed these A	rticles of Incorporation t	his <u>774</u>
	MAYNE M	almer	(Seal)
			(Occ.)
	/	•	
			(Seal)
			(Seal)
STATE OF FLORIDA	•		
))	´ ss		
COUNTY OF Hernando	<u>_</u>		
before me, a Notary Public authorized to take			
appeared: - With AME AMMY Signature	m256-7	10-40-16 orm of Identification	27-0
Signature		orm of Identification	
Signature	F	orm of Identification	
known to me and known to be the person(s) who before me that Robert J. McTrey of the form of identification of the above named per (was not) taken.	executed these Artic	s of Incorporation, who les of Incorporation, that e each name, and that	it I relied upon
Notary Rubber Stamp Seal		. =	
Hotel House Staith Sea	Witness my hand and	official seal in the Count	ty and State
		→ 1.6 A 1	
WENDY LYNN DOOLEY Notary Public, State of Florida My Comm. Expres Nov. 7, 2003 No. CC888323	last aforesaid this Notary Signature	Lynn	bee 2002 Dooley
	Wend Printed Notary Signatu	ynn Doo	ley

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SEMINAL-MIAMI

FORM 215:

ARTICLES OF INCORPORATION

CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

FILED
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CERTIFICATE OF REGISTERED AGENT

A LITTURE TABLE TABLE TABLE TO THE TA

OF

CROSSLYN MAX, INC.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at	9105 PENELOPE DRIVE	
	WEEKI WACHEE, FL 34613-4009	
has named	ROBERT J. McINERNEY	<u>.</u>
located at the a	aforesaid address, as its Registered Agent to accept service of process	
within this state		

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

(registered agent)