

PO 2000 130 507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

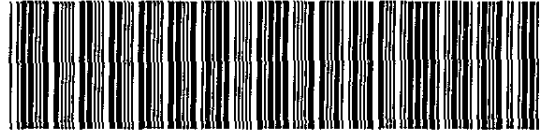
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
02 DEC 10 AM 8:19

F. CHESLER DEC 12

**TRANSMITTAL LETTER**

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

SUBJECT: Maxamillion Aire Corp.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

\$70.00  
Filing Fee

\$78.75  
Filing Fee  
& Certificate of Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Neil Koppel  
Name (Printed or typed)

8160 Hampton Wood Dr.  
Address

Boca Raton FL 33433  
City, State & Zip

561-289-8498  
Daytime Telephone number

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

**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: Maxamillion Aire Corp.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is: 8160 Hampton Wood Dr.  
Boca Raton, FL 33433

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Charter/Consulting

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s): Neil Koppel  
8160 Hampton Wood Dr.  
Boca Raton, FL 33433

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is: Neil Koppel  
8160 Hampton Wood Drive.  
Boca Raton, FL 33433

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is: Neil Koppel  
8160 Hampton Wood Dr.  
Boca Raton, FL 33433

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\*\*\*\*\*  
Having been named as registered agent to accept service 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

Neil Koppel  
\_\_\_\_\_  
Signature/Registered Agent

12/9/02  
\_\_\_\_\_  
Date

Neil Koppel  
\_\_\_\_\_  
Signature/Incorporator

12/9/02  
\_\_\_\_\_  
Date