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

From: Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : 120000000257
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FLORIDA PROFIT CORPORATION OR P.A.

MAXIM LIMOSINE SERVICES, INC.

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Page Count	03
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

OF

Maxim Limosine Services, Inc.

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 is **Maxim Limosine Services, Inc.**

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is **816 NE 4th Street, Unit 1, Ft. Lauderdale, FL 33301.**

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one-thousand (1,000) shares having a par value of one-dollar (\$1.00) per share.

H03000093426 2

H03000093426 2

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Joseph Lefflbine, 816 NE 4th St., Unit 1, Ft. Lauderdale, FL 33301.

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of the initial Director of the corporation is P/VP/S/T Joseph Lefflbine 816 NE 4th St., Unit 1, Ft. Lauderdale, FL 33301.

The undersigned has executed these Articles of Incorporation this 27th day of March 2003.

"Capital Connection, Inc. by Leilani White, Client Representative"

Leilani White

H03000093426 2

H03000093426 2

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: Maxim Limosine Services, Inc.

2. The name and street address of the registered agent and office is: _____

Joseph Lefflbine

816 NE 4th Street, Unit 1, Ft. Lauderdale, Fl 33301

HAVE 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.

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5/16/03

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