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TRANSMITTAL LETTER

Department of State

Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 (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 \$78.75 \$87.50 \$78.75 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: Name (Printed or typed)

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

ARTICLE I NAME The name of the corporation shall be:	04 JUL 21 PM 2: 10
Equity MAXimum, INC.	TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 18 CASTILE HARBOR FS/E Ft. LAWDONDAIE, FL ARTICLE III PURPOSE The purpose for which the corporation is organized is: SE/I REAL ESTATE SERVICES	
ARTICLE IV SHARES The number of shares of stock is: 1,000 SHARES NO PAR VALUE	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): BRAD WARD	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the reg BRAD WARD 18 CLASTIE HARBOR FS/E FT LAUDERDAIE, FL 33308 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: BRAD WARD 18 CLASTIE HARBOR FS/E 18 CLASTIE HARBOR FS/E	
**************************************	Proporation at the place designated in this crim this capacity 7/16/04 Date Date

ARTICLES OF INCORPORATION

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