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(Requestor's Name)		
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PICK-UP	TIAW	MAIL
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Certified Copies	_ Certificate:	s of Status
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SECCETARY OF STATE

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TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 MAXIMUM TWO, INC. SUBJECT: (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Enclosed are an original and one (1) copy of the articles of incorporation and a check for: **2** \$87.50 □ \$78.75 \$78.75 \$70.00 Filing Fee Filing Fee, Filing Fee Filing Fee Certified Copy & Certificate of Status & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED Name (Printed or typed) P.O. BOX 1214 Address JUPITER, FLORIDA 33468 City, State & Zip

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

Daytime Telephone number

(561 622-6658

)CT 29 AM 8:

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:

MAXIMUM TWO, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 9 EAST OCEAN AVENUE OCEAN RIDGE, FL 33435

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROFIT CORPORATION IN REAL ESTATE DEVELOPMENT

ARTICLE IV SHARES

The number of shares of stock is: 1000 SHARES @ \$1.00 PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

SHARON L. DUBOSE 9 EAST OCEAN AVENUE OCEAN RIDGE, FL 33435 PRESIDENT/DIRECTOR

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

SHARON L. DUBOSE 9 EAST OCEAN AVENUE OCEAN RIDGE, FL 33435

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

A.E. FISHER P.O. BOX 1214 JUPITER, FL 33468

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

Signature/Registered Agent

Signature/Incorporator

Date

Date