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(Address)	
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PICK-UP WAIT MAIL	
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TRANSMITTAL LETTER

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

SUBJECT: M.H		$\lambda \cup \lambda $	<u> 1914 - </u>	
	(Proposed corpo	orate name - must include suffi	x) U	
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,				
Enclosed is an original ar	nd one(1) copy of the artic	cles of incorporation and a	check for:	
· ·	() 10			
□ \$70.00	\$78.75	\$78.75	□ \$87.50	
Filing Fee	•	Filing Fee	· ·	
rimig ree	Filing Fee &	. ~	Filing Fee,	
	Certificate of	& Certified Copy	Certified Copy	
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		ADDITIONAL CO	ADDITIONAL COPY REQUIRED	
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FROM: Ramon Reyrs
Name (Printed or type)

5035 Palm Quel
Address

HALEAN FL 33012

City, State & Zip

(305) 822-0169

Daytime Telephone number

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

ARTICLES OF INCORPORATION

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 shall be:

M.A.X. MORTGAGE COMPANY

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

3570 34 AVE SE NAPLES, FL 34117

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

10,000 Common Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

XIONIS HERNANDEZ

3570 34 AVE SE NAPLES, FL 34117

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

PRESIDENT:

XIONIS HERNANDEZ

3570 34 AVE SE

NAPLES, FL 34117

VICE-PRESIDENT: MANUEL HERNANDEZ

3570 34 AVE SE

NAPLES, FL 34117

Signature/Incorporator

Date

(An additional article must be added if an effective date is requested.)

Having 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.

Signature/Registered Agent

Date