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2m

COVER LETTER

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

SUBJECT: Maximum Performance Inc.
(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
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Michael Thomas
Name (Printed or typed)

915 Coble Dr.
Address

Tallahassee, FL 32301
City, State & Zip

850-556-7871
Daytime Telephone number

Freeone1@1@yahoo.com
E-mail address: (to be used for future annual report notification)

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:

Maximum Performance Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

105 HANNON Mill RD. Tallahassee, FL 32301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any + All Lawful Business

ARTICLE IV SHARES

The number of shares of stock is:

1 share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

P/D Michael Thomas

ARTICLE VI REGISTERED AGENT

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

*Michael Thomas
915 Coble Dr.
Tallahassee, FL 32301*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Michael Thomas
915 Coble Dr.
Tallahassee, FL 32301*

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.

x *[Signature]*
Signature/Registered Agent

Date

6-28-10

x *[Signature]*
Signature/Incorporator

Date

6-28-10

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