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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : FASTKIT CORP Account Number : I20100000009 Phone : (305)599-0839 Fax Number : (305)592-9591

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FLORIDA PROFIT/NON PROFIT CORPORATION MAXX COMMERCIAL LANDSCAPE CORP.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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:

MAXX COMMERCIAL LANDSCAPE

CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal Address: 1103 West Curley Drive

Tarpon Springs FL 34689

Mailing Address:

1103 West Curley Drive

Terpon Springs FL 34689

ARTICLE III

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

One-Thousand (1,000) Shares

Common Stock

INITIAL RECISTERED AGENT

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

Dominic M. Fatolitis 1103 West Curlew Drive Tarpon Springs FL 34689

ARTICLE V INCORPORATORS

The name and address of the incorporators to these Articles of incorporation are:

Dominic M. Fatolitis 1103 West Curlow Drive Tarpon Springs FL 34689

ARTICLE YI OFFICERS

The officer(s) of the corporation are:

Dominic M. Fatolitis, President, Secretary, Treasurer

1103 West Curlew Drive Tarpon Springs FL 34689

ARTICLE VII DIRECTORS

The director(s) of the corporation are:

Dominic M. Fatolitis, Director 1103 West Curlew Drive Tarpon Springs FL 34689

Signature/Incorporator Date

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this cartificate. I hereby accept the appointment as registered agent and agree to not 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 agant.

Signature/Registered Auent

Date