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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
MADD MAX PERFORMANCE INC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

MADD MAX PERFORMANCE INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

13184 MAYCREST AVE
BROOKSVILLE, FL 34614

FILED
11 OCT 20 PM 1:03
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is/are:

PRESIDENT, VICE-PRESIDENT, TREASURER
MAX H HRAB
13184 MAYCREST AVE
BROOKSVILLE, FL 34614

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ARTICLE VI REGISTERED AGENT

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

MAX H HRAB
13184 MAYCREST AVE
BROOKSVILLE, FL 34614

ARTICLE VII INCORPORATOR

The name and Florida street address of the Incorporator is:

MAX H HRAB
13184 MAYCREST AVE
BROOKSVILLE, FL 34614

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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.

Max H Hrab
MAX H HRAB / Registered Agent

10/20/11
Date

Max H Hrab
MAX H HRAB / Incorporator

10/20/11
Date

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