1 5 Forder for tate / D 6 ions **Electronic Filing Cover Sheet** Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H15000078581 3))) H150000785613ABC2 Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850)617-6381 From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC. 33 Account Number : I20000000019 ÷ Phone : (305)552-5973 Fax Number : (305)675-5944 E 00 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: ŝ ភ FLORIDA PROFIT/NON PROFIT CORPORATION MAR 30 MAX INTERNATIONAL SA INC Certificate of Status 0 AM 8: 56 Certified Copy 1 Page Count 03 Estimated Charge \$78.75 × 03/3//15 Electronic Filing Menu

Corporate Filing Menu

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ARTICLE INAME: The name of the corporation is: Max_INTELL IN TION RL_SA_INCARTICLE IIARTICLE IIRINCIPAL OFFICE: The principal street address and mailing address is: 	ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	1204 P.00 3581	02/0
ARTICLE II	ARTICLE I NAME: The name of the corporation is:		
The principal street address and mailing address is: $\begin{array}{c c} \hline \hline$	MAX INTERNATIONAL SA INC		
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS: ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is: Article V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is: Article V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is: Article V INITIAL REGISTERED AGENT AND STREET ADDRESS: ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	ARTICLE II PRINCIPAL OFFICE:		
ARTICLE VI_INCORPORATOR: The name and address of the Incorporator is:	The principal street address and mailing address is:		
ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS: ARIEL CASTANO (P) MASSIMO PERNO 2ZOL; (VP) ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is: Ariel Castano THO NW 200 ST Migmi FL 33015 ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	7776 NW 200 ST Migni FL 33015		
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: ARIEL CASTANO (P)	۱ ۲ ۲	SE
The name and Florida street address (PO Box not acceptable) of the registered agent is: <u>Ariel Castano</u> <u>TITO NW 200 ST</u> <u>Miami FL 33015</u> <u>ARTICLE VI INCORPORATOR:</u> The name and address of the Incorporator is:		30 AM 8:5	RETARY OF STATE
Migni FL 33015 ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	•	1:	
MIQMI FL 33015 ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	<u>tiriel Castano</u>		
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Required Signatures:

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

Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Date Incorporator