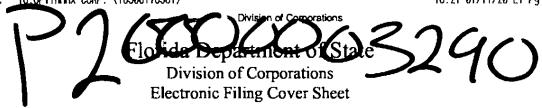
1/17/2020



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(((H20000019976 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

Account Name : INTERSTATE FILINGS LLC

Account Number : I20110000086

: (718)569-2703

Fax Number : (718)504-7890

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

Email Address: contact@interstatefilings.com

FLORIDA PROFIT/NON PROFIT CORPORATION **OPTIMMAX CORP.**

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Fm: Interstate Filings LLC To: OPTIMMAX CORP. ((H200000199763))) ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	tion shall be: OPTIMMAX CORF	P.	
<i>rticle II Pri</i> 231 174TH S1	Principal street address TREET, APT. 2214 S BEACH, FL 33160	Mailing ad 231 174TH S	Idress, if different is: STREET, APT. 2214 SBEACH, FL 33160
	POSE he corporation is organized is:	WFUL PURPO	SE
		·	
RTICLE IV SHA he number of shares of RTICLE V INIT	LRES stock is:		2020 SEU Tall
	TIAL OFFICERS AND/OR DIRECTORS	<u>ş</u>	2020 JAN 17 SEUKETARY ALLAHASSEE
Name and Title	GENNADIY OLEYARSH, PRESIDENT 231 174TH STREET, APT. 2214 SUNNY ISLES BEACH, FL 33160	Name and Title:Address:	JAN 17 AH 9: 53 KEJARY OF STATE AHASSEE, FLORIDA
Address	GENNADIY OLEYARSH, PRESIDENT 231 174TH STREET, APT. 2214	Name and Title: Address: Name and Title: Address:	AH 9: 53 OF STATE E. FLORIDA

(((H20000019976 3)))

(conti.)

Name a	and Title:	Name and Title:
Addre	ss	Address:
ARTICLE VI	REGISTERED AGENT	
The name and	Florida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	GENNADIY OLEYARSH	
Address:	231 174TH STREET, APT. 2214	ZIII
	SUNNY ISLES BEACH, FL 33160	L AF
ARTICLE VI	INCORPORATOR	FILE D 2020 JAN 17 AI SECRETARY OF ALLAHASSEE,
The name and	address of the Incorporator is:	FL ST
Name:	GENNADIY OLEYARSH	AM 9: 53 OF STATE E, FLORID
Address:	231 174TH STREET, APT. 2214	>
	SUNNY ISLES BEACH, FL 33160	
	amed as registered agent to accept service of process. I am familiar with and accept the appointment as regional forms of the service of process.	
	Required Signature/Registered/Agent)	0/-/6-20 (Date)
	ocument and affirm that the facts stated herein are to Department of State constitutes a third degree felony	rue. I am aware that the false information submitted in a sprovided for in s.817.155, F.S.
G, (() leyarsh	01-16-20 (Date)
	(Required Signature/Incorporator)	(Date)