

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
 TOLL FREE No. 1-800-342-8062
 FAX (904) 222-1222

NAME _____
 FIRM _____
 ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

W950000014039

11675

11674, 11671

REQUEST TAKEN CONFIRMED APPROVED

DATE _____

TIME _____ CK No. _____

BY W _____

WALK-IN 217 110
 Will Pick Up

RE: Mr. PMP, Inc.

	C.C. FEE.	DISBURSED
Capital Express™		
Art. of Amend. Filo		
Cor. Record Search		
Ltd. Partnership Filo		
Single Corp. Filo		
() Copy(s)		
Art. of Amend. Filo		
Dissolution/Withdrawal		
C U S-		
Fictitious Name Filo		
Name Reservation	950001403239	
Annual Report/Reinstatement	-0271795-01076-002	
Reg. Agent Service	****122.50 ****122.50	
Document Filing		
Corporate Kit		
Vehicle Search		
Driving Record		
Document Retrieval		
UCC 1 or 3 Filo		
UCC 11 Search		
UCC 11 Retrieval		
File No.'s, Copies		
Courier Service		
Shipping/Handling		
Phone ()		
Top Priority		
Express Mail Prep.		
FAX () pgs.		
SUBTOTALS		

FEE.....	
DISBURSED.....	
SURCHARGE.....	
TAX on corporate supplies.....	
SUBTOTAL.....	
PREPAID.....	
BALANCE DUE.....	

Please remit invoice number with payment
 TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum.

THANK YOU
 from
 Your Capital Connection



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

February 17, 1995

CAPITAL CONNECTION, INC.
417 E. VIRGINIA STREET
SUITE 1
TALLAHASSEE, FL 32301

SUBJECT: MAX PMP, INC.
Ref. Number: W95000003773

We have received your document for MAX PMP, INC. and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

According to section 607.0202(1)(b) or 617.0202(1)(b), Florida Statutes, you must list the corporation's principal office, and if different, a mailing address in the document. If the principal address and the registered office address are the same, please indicate so in your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6925.

Brenda Baker
Corporate Specialist

Letter Number: 895A00007370

ARTICLES OF INCORPORATION
OF
MAX PMP, Inc.

FILED
95 FEB 20 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE ONE - NAME

The name of the corporation is MAX PMP, Inc.

ARTICLE TWO - DURATION

The duration of the corporation shall be perpetual.

ARTICLE THREE - PURPOSE

The corporation is organized for the purpose of providing real estate services as a licensed broker or salesman, and any or all other lawful business permitted under the Laws of the STATE OF FLORIDA and the UNITED STATES.

ARTICLE FOUR - CAPITAL STOCK

The authorized capital stock of the corporation shall be 7500 shares of common stock at \$1.00 par value each. Such stock shall be issued by the Board of Directors for such consideration as in the opinion of the Board of Directors is equivalent to such market value thereof, and said stock may be paid for in money, real or tangible personal property, but not for labor, services or stock, at a just valuation to be fixed by the Board of Directors or issued as partly paid when so ordered by the Board of Directors.

ARTICLE FIVE - REGISTERED OFFICE

The street address of its initial registered office of this corporation is 2468 State Road 580, Clearwater, FL 34621, and the name of its initial registered agent at such address is WANDA KALMAN.

I do hereby accept the position of REGISTERED AGENT.

This is also the address for the corporation.


WANDA KALMAN, REGISTERED AGENT

ARTICLE SIX - DIRECTORS

The number of directors constituting the initial board of directors is One (1). The number of Directors may be either increased or decreased from time to time in accordance with the provisions of the By-Laws, but shall never be less than one (1). The name and address of the initial director is:

Name

Mailing address

WANDA KALMAN

13944 MEARES DRIVE, LARGO, FL 34644

ARTICLE SEVEN - INDEMNIFICATION

This corporation shall indemnify any officer or director, or former officer or director, to the full extent permitted by law.

ARTICLE EIGHT - INCORPORATOR

The name and address of the incorporator is:

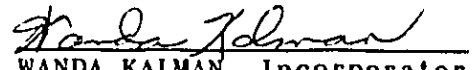
Name

Mailing address

WANDA KALMAN

13944 MEARES DRIVE, LARGO, FL 34644

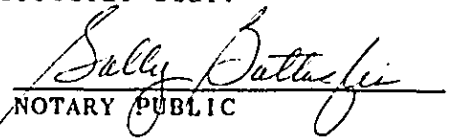
IN WITNESS WHEREOF, I have subscribed my name this
16th day of February, 1995.


WANDA KALMAN, Incorporator
FDL #K455-911-46-546-0

STATE OF FLORIDA :
: SS
COUNTY OF PINELLAS :

On this 16th day of February, 1995, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared WANDA KALMAN, known to me to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same for the purpose therein contained.

IN WITNESS WHEREOF, I hereunto set my hand official seal.


NOTARY PUBLIC

