

P95000055557

CORPORATE ACCESS, INC.
 1110 D THOMASVILLE RD
 TALLAHASSEE, FL 32303
 (904) 222-2656

(Requestor's Name) Mund
 (Address) _____
 (City, State, Zip) _____ (Phone #) _____

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 OFFICE USE ONLY

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 ****236.25 *****78.7%

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. NEOMAXX, Inc. (Corporation Name) (Document #)
2. _____ (Corporation Name) (Document #)
3. _____ (Corporation Name) (Document #)
4. _____ (Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 7-18/11A ☒ Photocopy Mund
☐ Mail out ☐ Will wait ☐ Photocopy ☒ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

W95-14428

Examiner's Initials _____



FLORIDA DEPARTMENT OF STATE

July 18, 1995

Sandra B. Mortham
Secretary of State

CORPORATE ACCESS, INC.
1116-D THOMASVILLE ROAD
TALLAHASSEE, FL 32303

SUBJECT: NFOMAXX, INC.
Ref. Number: W95000014428

We have received your document for NFOMAXX, INC. and your check(s) totaling \$236.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-5000.

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) 487-6972.

Doris Brown
Document Specialist

Letter Number: 695A00034308

Corrected

Thanks Glinda

ARTICLES OF INCORPORATION

OF

NFOMAXX SERVICES, INC.

The undersigned, acting as Incorporator under the provisions of Florida Statutes, Chapter 607, 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 **NFOMAXX SERVICES, INC.**

ARTICLE II

TERM OF EXISTENCE

The duration of this corporation is to be perpetual.

ARTICLE III

PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be 5205 Harborside Drive, Tampa, Florida 33615.

ARTICLE IV

SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 500 shares of common stock.

ARTICLE V

INITIAL REGISTERED AGENT AND STREET ADDRESS

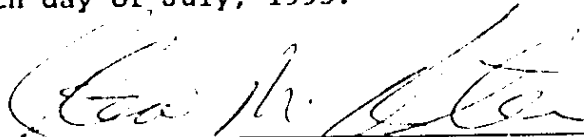
The name and address of the initial registered agent of this corporation is Steven M. Register, 5205 Harborside Drive, Tampa, Florida 33615.

ARTICLE VI

INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is Steven M. Register, 5205 Harborside Drive, Tampa, Florida 33615.

The undersigned incorporator has executed these Articles of Incorporation this 14th day of July, 1995.

A handwritten signature in cursive script, appearing to read "Steven M. Register", written over a horizontal line.

STEVEN M. REGISTER, AS INCORPORATOR OF
NFOMAXX, INC.

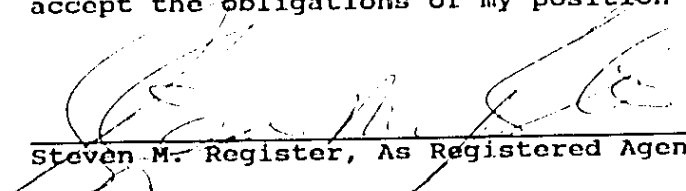
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is **NFOMAXI SERVICES, INC.**
2. The name and address of the registered agent and office is:

Steven M. Register
5205 Harborside Drive
Tampa, Florida 33615

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act 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 agent.


Steven M. Register, As Registered Agent


Date