

96000085670

10/16/96

FLORIDA DIVISION OF CORPORATIONS  
PUBLIC ACCESS SYSTEM  
ELECTRONIC FILING COVER SHEET

2:39 PM

((H96000014570 1))

TO: DIVISION OF CORPORATIONS FAX #: (904)922-4001

FROM: EMPIRE CORPORATE KIT COMPANY ACCT#: 072450003255  
 CONTACT: RAY STORMONT  
 PHONE: (305)541-3694 FAX #: (305)541-3770

NAME: MAXIMUM COIN LAUNDRY, INC.  
 AUDIT NUMBER.....H96000014570  
 DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.  
 CERT. OF STATUS..0 PAGES..... 5  
 CERT. COPIES.....0 DEL.METHOD.. FAX  
 EST.CHARGE.. \$70.00

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX  
AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

\*\* ENTER 'M' FOR MENU. \*\*

ENTER SELECTION AND <CR>:  
Help F1 Option Menu F2

NUM CAPS Connect: 00:06:00

RECEIVED

96 OCT-16 PM 3:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
96 OCT 16 AM 8:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10/17/96  
[Signature]

0967A-49602

H96000014570

ARTICLES OF INCORPORATION  
OF  
MAXIMUM COIN LAUNDRY, INC.

5

ARTICLE I

NAME

The name of this corporation is MAXIMUM COIN LAUNDRY, INC.

FILED  
96 OCT 16 AM 8:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE II

NATURE OF BUSINESS

This Corporation may engage in any business activity or business permitted under the laws of The United States and the State of Florida.

ARTICLE III

CAPITAL STOCK

The maximum number of shares of stock that this Corporation is authorized to have outstanding at any one time is ONE THOUSAND (1000) SHARES of common stock having \$1.00 par value.

ARTICLE IV

INITIAL CAPITAL

The amount of capital that this Corporation will begin with is FIVE HUNDRED (\$500.00) DOLLARS.

H96000014570

The Tax Man, Inc.  
1601 Belvedere Rd #103  
West Palm Beach, Fl 33406  
(561) 684-3844

H96000014570

ARTICLE V

TERM OF EXISTENCE

This Corporation shall have perpetual existence.

ARTICLE VI

INITIAL REGISTERED OFFICE AND AGENT

The address in the State of Florida of the principle office of this Corporation is 1522 Shaker Circle, Wellington, Florida, 33414, and the name of the initial registered agent at this address is Milvina Lewis.

ARTICLE VII

INITIAL BOARD OF DIRECTORS

The Corporation shall have one (1) director initially. The number of directors may either be increased or diminished from time to time by the by-laws, but shall never be less than one.

ARTICLE VIII

INITIAL DIRECTORS

Milvina Lewis

1522 Shaker Circle  
Wellington, Fl 33414

H96000014570

H96000014570

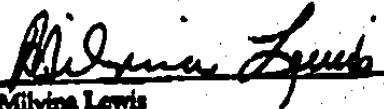
**ARTICLE IX  
INCORPORATORS**

The name and address of the persons signing these articles of incorporation is:

Milvina Lewis

1922 Shaker Circle  
Wellington, FL 33414

IN WITNESS WHEREOF, the undersigned subscribers have executed these articles of incorporation this 16th day of October, 1996.

  
Milvina Lewis


STATE OF FLORIDA

COUNTY OF PALM BEACH

Before me, a notary public authorized to take acknowledgments in the state and county set forth above, personally appeared Milvina Lewis known by me to be the person who executed these articles of incorporation.

IN WITNESS THEREOF, I have hereunto set my hand and official seal, in the state and county aforesaid, this 16th day of October, 1996.

(SEAL)

  
Notary Public



HOWARD I. ANISOWITZ  
MY COMMISSION # CCM0008 EXPIRES  
August 7, 1997  
COMMISION FROM THE STATE OF FLORIDA

H96000014570

H96000014570

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.**

**IN COMPLIANCE WITH SECTION 48,091, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:**

**FIRST-MAXIMUM COIN LAUNDRY, INC.  
DESIRES TO ORGANIZE UNDER THE LAWS OF THE STATE OF FLORIDA WITH ITS PRINCIPLE PLACE OF BUSINESS AT THE CITY OF FT. LAUDERDALE, BROWARD COUNTY, STATE OF FLORIDA, HAS NAMED MILVINA LEWIS 1522 SHAKER CIRCLE, CITY OF WELLINGTON, STATE OF FLORIDA AS ITS AGENT TO ACCEPT PROCESS WITHIN FLORIDA.**

SIGNED *Milvina Lewis*  
TITLE PRESIDENT  
DATE OCTOBER 16, 1996

**HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN ACCORDANCE WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.**

SIGNED *Milvina Lewis*  
**MILVINA LEWIS**  
Resident Agent  
DATE OCTOBER 16, 1996

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

96 OCT 16 AM 8:35

FILED

H96000014570