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TRANSMITTAL LETTER

(Proposed corporate name - must include suffix)

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Enclosed is an original and one (1) copy of the articles of incorporation and a check for: \$70.00 \$78.75 \$122.50 (|\$131.25 Filing Fee Filing Fee Filing Fee Filing Fee, Certified Copy & Certificate & Certificate & Certified Copy Additional Copy Required FROM: Daytime Telephone number ÁŁ OCT 2 5 1996

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

23 C .. 2 ... C. 12

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

> ARTICLE I NAME

The name of the corporation shall be:

UltiMaxx Protection, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

4361 W. McNab Road, Suite #12 Pompano Beach, FL 33069

> **ARTICLE III** SHARES

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

1,000

INITIAL REGISTERED AGENT AND STREET ADDRESS **ARTICLE IV**

The name and address of the initial registered agent is:

Carlos Magenties 4361 W. McNab Rd. #12 Pompano Beach, FL 33069

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Carlos Magenties, President 4361 W. McNab Rd. # 12 Pompano Beach, FL 33069 Zoila Hernandez, Vice-President 4361 W. McNab Rd. # 12 Pompano Beach, FL 33069

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

21st day of October , 19 96.

(An additional article must be added if an effective date is requested.)

Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, AGANIZED 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:	Ulti Maxx Protection	.Toc.
2. The name and address of the	registered agent and office is:	
	dos Magenties	99.007
<u> 43</u>	GIW. MCNab Rd. #12 D. BOX OF Mail Drop BOX NOT ACCEPTABLE)	22
_ Por	npano Beach, FL 33069	9. 52

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 duries, and I am familiar with and accept the obligations of my position as registered agent.

(SIGNATURF) (DATE)