P960000 8914/

Date

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	8000019892688 -10/29/9601134016 *****70.00 *****70.00
Re: ShirMax Communications, Inc (name of corporation)	Inc.
Gentlemen: Enclosed please find the original and one coptogether with my check in the amount of \$70.0	y of Articles of Incorporation, O
This represents the cost of the Filing Fees, Incorporation and Fee for Registered Agent De corporation.	Certified Copy of Articles of signation for the above named
Very truly yours, Max D Sampledw (individual's name)	20 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Shirms to corporation)	Mailing address of corporation
	0848 Fairmont Village Drive
<u></u> F	hone: (561) 434-9677

ARTICLES OF INCORPORATION

of

ShirMax Commu (na	inication	ation)		·
The undersigned subscriber(s) to these Articles of I corporation under the laws of the State of Flori	ncorporation, da.	natural person(s) cor		
ARTICLE	I - CORPO	WITE NAME		$w_{\phi_{\mathcal{S}_{\mathcal{S}}}}$
The name of the corporation is:				
ShirMax_Commur	.loatlone	,.1no		CONTRACTOR
10040 Palemount VIIIngo	CLE II - DU			٠,
This corporation shall exist perpetually unless dis	ssolved accord	ling to Florida law.		
ARTI	CLE III - PU	JRPOSE		
The corporation is organized for the purpose of er United States and the State of Florida.	ngaging in any	activities or busines	s permitted und	ler the laws of the
ARTICLI	E IV - CAPIT	TAL STOCK		
The corporation is authorized to issue	Hundred	shares (500	ofo	no
ARTICLE V - INITIAL				
The name and street address of the Initial Regis	stored Agent	of this Corporation	is:	
	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
MANE Max D. Samakow	•		·········	
ADDRESS 10848 Fairmont Village			<u></u>	
III Lako Worth	FLORIDA		ZIP	33467
		RD OF DIRECTOR	S	
This corporation shall have Two (increased or diminished from time to time by the addresses of the initial director(s) of the corporation	2) dire	ctors initially. The i		tors may be either The names and
NAME Max D. Samakov		- 		
ADDRESS 10848 Fairmont Village		-		
CITY Lake Worth	STATE	F1	ZIP	33467
NAME Shirley R Samakow				·
ADDRESS 10848 Fairmont Village				
CITY Lake Worth	STATE	F1	ZIP	33467
NAME				
ADDRESS				<u> </u>
	STATE		7.1P	

ARTICLE VII - INCORPORATORS

The names and addresses of the person(s) signing these Articles of Incorporation are as follows:

		1
NAMU Max D Samakow		
Appless 10848 Falrmont Villago		
CITY Lake Worth		
		•
NAME Shirley & Samakov		
ADDRESS 10848 Foirmont Village	Drivo	zip 33467
city bake Worth	SIA FL	
ADDRESS		
CILL	STATE	
IN WITNESS WHEREOF, the undersigned subse	riber(s) have executed these Artic	cles of Incorporation this8
day of October , 19 96 .		1
	M/n/	/
	11/N/ 10 NO	unakow (Scal)
	Abus	
	Lawrey 1.	Manual Scale
	/	(51)
	<u> </u>	(Scal)
STATE OF FLORIDA)	•	
Can had SS		
COUNTY OF Jake North		
before me, a Notary Public authorized to take accuppeared	knowledgements in the State and	County set forth above, personally
Max D Samakow		
Shirley R Samakow		
known to me and known to be the person(s)	who executed the foregoing A	ticles of Incorporation, and who
acknowledged before me that They executed	cuted these Articles of Incorpora	ition.
IN WITNESS WHEREOF, I have hereunto affixed	I my hand and scal, in the State an	d County aforesaid, this 18
day of October, 1996.	•	
(7-01	10 /
(Notary Seal)	(Notary Public, State of Flasida at	(Large)
	My Commission expires:	•
	ZNESIGIAL KUVEA DV GEAL	

OFFICIAL NOTARY SEAL
PAULETTE R MORTIMER
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC277815
MY CUMMISSION EXP. MAY 20,1997

OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF

	11 0 6 C
ShirMAX Communications, Ing (name of corporation)	
, , , , , , , , , , , , , , , , , , ,	$C_{\alpha \beta \beta}$

Pursuant to Florida Statutes Sections 48.091 and 607.034, the following is submitt distributed above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation
al10848_Enirmont_Village_Drive
Lake Worth Florida 33467
has named Max D Samakov
located at the aforesaid address, as its Registered Agent to accept service of process
within this state.

ACKNOWLEDGEMENT

Having been named to accept service of process for the above stated corpora ion at the place designated in this certificate, I hereby accept to act in this capacity, an agree to comply with the provisions of Florida Law in keeping open said office.

(legistered agent)