Department of State Division of Corporatio P. O. Box 6327	XX	AITTAL LET	3 R /	1 9954	7/
P. O. Box 6327 Tallahassae, FL 32314	ŀ		-10.	0199543 /25/960101 ***78.75 **	4019 ***70.75
		COLOBA)	1		
SUBJECT: MAX	WELL A	TERMATA	OKAL I	NC	
Enclosed is an origina for :				SECRETAGEE AND SECRETAGE AND S	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	s122.50 Filing Fee & Certified Copy Additional Copy	stantage \$131.25 Filing Fee, Certified Copy & Certificate Required	ID: 35 STATE 96 OCT LORIDA SECTO	
FROM:	4-4	LEW (printed or typed)	,		<u> </u>
	784 CA	ZEEKWA TEN	TERR		7
	LAKE	MARY F	L 3274	16	
A		3288	722		

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



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

October 25, 1996

M H KLEIN 784 CREEK WATER TERRACE #210 LAKE MARY, FL 32746

SUBJECT: MAXWELL INTERNATIONAL, INC.

Ref. Number: W96000022774

We have received your document for MAXWELL INTERNATIONAL, INC. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(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) 488-9000.

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) 487-6934.

Loria Poole Corporate Specialist

Letter Number: 196A00049414

TRANSMITTAL LETTER

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

SUBJECT: MAXWELL GL (Proposed corporate name - r				
Filing Fee Filing Fee Fil & Certificate & Cer	he articles of incorporation and a check 122.50 \$131.25 ing Feo Filing Feo, dified Copy Certified Copy & Certificate Itional Copy Required			
FROM: H.H.KLEIN Name (printed o				
784 CREE Address	KWATER TERR # 210			
LAKE MARY FL 32746 City, State & Zip				
407 328 8722 Daytime Telephone number				
	TO MAXWELL GLOBAL			
YOU HAVE OUR CHECK F LAST TIME	The 7875 FROM			

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

ARTICLES OF INCORPORATION

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:

MAXWELL GLOBAL INC

96 NOV -6 AM ID: 35
SECRETARY OF STATE
SECRETARY OF STATE

ARTICLE II PRINCIPAL OFFICE

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

784 CREEKWATER TERR # 210 LAKE MARY FL 32746

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

M.H KLEIN 784 CREEKWATER TERR #210 LAKE MARY FL 32746

INCORPORATOR(S) ARTICLE V

See instructions for officers/directors

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

S.J MAXWELL PRES JAY P PATAL SECT TREASURER M.H KLEIN 784 CREEKWATER TERR # 210 LAKE MARY FL 32.746

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

3 day of NOVEMBER, 1996.

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

S J Maxwell 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, 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.

ı.	The name of the corporation is: MAXWELL BLOBAL INC
2.	The name and address of the registered agent and office is:
	MH KLEIN (NAME)
	784 CREEKWATER TERR # 210 (P.O. Box or Mail Drop Box NOT ACCEPTABLE)
	LAKE MARY FL 32746 (CITY/STATE/ZIP)

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.

MH Klein 11/3/96 SEE FLORIDI 35 (SIGNATURE) (DATE) FLORIDI