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

SUBJECT: CHeV M. (Proposed co.	AX INC rporate name - must include suffix)	
	(1) copy of the articles of incorporation	0021487195 -04/21/9701047015 *****70.00 *****70.00 and a check
for: \$70.00 \$78.7 Filing Fee Filing F & Certific	ee Filing Fee Filing Fee,	<u>.</u>
FROM:	Name (printed or typed) 8 SPA WASH MOSS ROAD W. Address	97 SECH TALLA
<u> </u>	FEE WORTH, ECORIOA 33467 City, State & Zip	FILED APR 21 PH 12: 2. IHASSEE, FLORIDA

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:

CHER MAX INC

97 APR 21 PH 12: 25
SECRETAIN OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

9468 SPANISH MOSS ROAD W. LAKE WORTH, FURIDA 33467

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

LANGENCE WARD 9468 SPANISH MOSS ROAD W LAKE WORTH, FLORIDA 33467

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):

CANRENCE WARD 9468 SPANISH MOSS ROAD W. LAKE WORTH, FORIDA 33467

The und	lersigned inc	orporator(s) has(have	executed these A	Articles of Inc	orporation this
n	_ day of	APRIL	, 19 <u>97</u>		
(An addi	itional article	must be added if an	effective date is re	equested.)	
	_		Signature	W-	
	_		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, 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. T	he name of the corporation is:	CHER MAX INC			
	-		SE TAL		
2. T	The name and address of the registe	ered agent and office is:	APR CRETAIN		
	LANRENCE WARD				
	9 - 1 (P.O. Box	8 SPANISH MISS ROAD W or Mail Drop Box NOT ACCEPTABLE)	PH 12: 25 FLORIDA		
	LAKE	WORTH FURIOR 35467 (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.

(SIGNATURE) (DATE)