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TRANSMITTAL LETTER

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

SUBJECT: MAX OF NORTH AMERICA, INC.  
(proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and our check for \$ \_\_\_\_\_.

FROM:

MAX OF NORTH AMERICA, INC.

Name (printed or typed)

941 SOUTHWEST 176 AVE

Address

PEMBROKE PINES, FL. 33029

City, State, & Zip

( 954 ) 430-7335

Telephone Number

FILED  
98 AUG 19 AM 9:31  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Note: Please provide the original and one copy of the Articles.

AUG 21 1998

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## ARTICLES OF INCORPORATION

MAX OF NORTH AMERICA, INC.

*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:

MAX OF NORTH AMERICA, INC.

### ARTICLE II PRINCIPAL OFFICE

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

941 SOUTHWEST 176 AVE  
PEMBROKE PINES, FL. 33029

### ARTICLE III SHARES

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

100 SHARES @ 1.00 PER VALUE

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CLAUDIO MENDEZ  
941 SOUTHWEST 176 AVE  
PEMBROKE PINES, FL. 33029

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**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):

CLAUDIO MENDEZ

941 SOUTHWEST 176 AVE  
PEMBROKE PINES, FL. 33029

PRESIDENTE

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

31 day of July, 19 98.



\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**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. The name of the corporation is: MAX OF NORTH AMERICA, INC.

2. The name and address of the registered agent and office is:

CLAUDIO MENDEZ  
(NAME)

941 SOUTHWEST 176 AVE  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

PEMBROKE PINES, FL. 33029  
(CITY/STATE/ZIP)

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TALLAHASSEE FLORIDA

*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.*

*Draammanan*  
(SIGNATURE)

07-31-98  
(DATE)