

8/31/98

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ACCT#: 072450003255

CONTACT: RAY STORMONT

PHONE: (305)541-3694

FAX #: (305)541-3770

NAME: SMAX, INC.

AUDIT NUMBER.....H98000016218

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS..0

PAGES..... 4

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(4)

ARTICLES OF INCORPORATION  
OF  
SMAX, INC.

The undersigned, for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopts the following Articles of Incorporation:

ARTICLE ONE  
NAME

The name of the corporation is SMAX, INC. Principal office is located at 4915 NW 110 TERRACE CORAL SPRINGS, FL 33076.

ARTICLE TWO  
DURATION

The term of existence of the corporation is perpetual.

ARTICLE THREE  
PURPOSE

The corporation may engage in any or all lawful business permitted to corporations under the laws of the STATE OF FLORIDA, or any other state, country, territory or nation.

ARTICLE FOUR  
CAPITAL STOCK

The maximum number of shares which the corporation has authority to issue is 1,000 shares, all of which shall be common shares with a par value of \$1.00 each.

ARTICLE FIVE  
REGISTERED OFFICE

The principal address of the initial registered office of the corporation shall be 4915 NW 110 TERRACE CORAL SPRINGS, FL 33076. The name of the initial registered agent at such address is ILEEN MESSINGER.

ARTICLE SIX  
PRE-EMPTIVE RIGHTS

The shareholders shall have Pre-emptive Rights.

Prepared by Steven C. Klein, CPA 954-345-3696  
7522 WILES RD. SUITE 210 Coral Springs, FL 33067

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ARTICLES

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ARTICLE SEVEN  
DIRECTORS

The Board of Directors of the corporation shall consist of at least one member and not more than eleven.

The name and address of initial Directors of the Board is:

NAME  
ILEEN MESSINGER

ADDRESS  
4915 NW 110 TERRACE  
CORAL SPRINGS, FL 33076

INCORPORATORS

The name and address of the incorporator is:

NAME  
ILEEN MESSINGER

ADDRESS  
4915 NW 110 TERRACE  
CORAL SPRINGS, FL 33076

IN WITNESS WHEREOF, I have subscribed my name this 28 day of AUGUST, 1998.

Ileen Messinger  
ILEEN MESSINGER, Incorporator  
and Director

STATE OF FLORIDA:  
: SS  
COUNTY OF BROWARD:

On this 28 day of AUGUST, 1998 before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared ILEEN MESSINGER, known to me to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same for the purpose herein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

[Signature]  
NOTARY PUBLIC  
STATE OF FLORIDA AT LARGE

MY COMMISSION EXPIRES:



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## CERTIFICATE OF DESIGNATION

## REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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 SMAX, INC.
2. The name and address of the registered agent and office is

ILEEN MESSINGER  
4915 NW 110 TERRACE  
CORAL SPRINGS, FL 33076

*Ileen Messinger*  
ILEEN MESSINGER, INCORPORATOR

8.28.98  
Date

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

*Ileen Messinger*  
ILEEN MESSINGER, Registered Agent

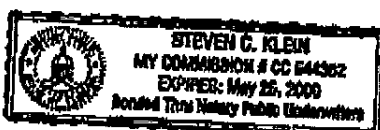
8.28.98  
Date

State of Florida  
County of BROWARD

The foregoing instrument was acknowledged and sworn to before me this 28 day of August, 1998.

*[Signature]*  
Notary Public

My commission expires:



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