## PRDD099169

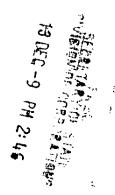
| (Re                                     | equestor's Name)   |             |  |  |
|---|--------------------|-------------|--|--|
| (Ad                                     | ldress)            |             |  |  |
| (Ac                                     | idress)            |             |  |  |
| (Cit                                    | ty/State/Zip/Phone | ə #)        |  |  |
| PICK-UP                                 | WAIT               | MAIL        |  |  |
| (Business Entity Name)                  |                    |             |  |  |
| (Document Number)                       |                    |             |  |  |
| Certified Copies                        | _ Certificates     | s of Status |  |  |
| Special Instructions to Filing Officer: |                    |             |  |  |
|   |                    |             |  |  |
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## COVER LETTER

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

| SUBJECT: Ton            | nmax incorporate                 |                             |                  |  |
|-------------------------|----------------------------------|-----------------------------|------------------|--|
|                         | (PROPOSED CORPORA                | ATE NAMÉ – <u>MUST INCL</u> | UDE SUFFIX)      |  |
| Employed are an aria    | inal and one (1) copy of the art | ticles of incorporation and | d a check for:   |  |
| Enclosed are an one     | and one (1) copy of the an       | neies of meorporation and   | a a check for.   |  |
| \$70.00                 | <b>\$78.75</b>                   | \$78.75                     | □ \$87.50        |  |
| Filing Fee              | Filing Fee                       | Filing Fee                  | Filing Fee,      |  |
|                         | & Certificate of Status          | & Certified Copy            | Certified Copy   |  |
|                         |                                  |                             | & Certificate of |  |
|                         |                                  |                             | Status           |  |
|                         |                                  | ADDITIONAL CO               |                  |  |
|                         |                                  |                             |                  |  |
|                         |                                  |                             |                  |  |
|                         |                                  |                             |                  |  |
| FROM:                   | homas P. Unver                   | ferth                       |                  |  |
| Name (Printed or typed) |                                  |                             |                  |  |
| 0-                      | 766 Durbam Driv                  | O NE                        |                  |  |
| 2                       | 766 Durham Driv                  | e NE                        |                  |  |
| <del></del>             |                                  | Address                     |                  |  |
| A                       | tlanta, Georgia 🤅                | 30319                       |                  |  |
|                         |                                  | , State & Zip               |                  |  |
| <u>.</u> .              |                                  | ,                           |                  |  |
| Δ(                      | 74-934-9644                      |                             |                  |  |

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

Daytime Telephone number

avle1@comcast.net

E-mail address: (to be used for future annual report notification)

|   |   |  | 7.   |
|---|---|--|--|
|   | ARTICLES OF INCO  |  | F.S. (Profit)  Mailing address, if different is:   |
| RTICLE I NA   | ME Tommax Incorpora   | ated   |  |
|   | INCIPAL OFFICE Principal street address   |  | Mailing address, if different is:  |
| homas P. U  |   |  |  |
| 766 Durhar  | n Drive NE  |  |  |
| utlanta, Geo  | rgia 30319  |  |  |
|   | RPOSE a "for protection is organized is:  |  | net Meal Delivery compan   |
| o service the   | Tampa and St. Petersburg  | g areas.   | and de some and distributions and the second se |
|   |   |  |  |
|   | of stock is: TOO  ITIAL OFFICERS AND/OR DIRECTOR  |  | Mayi N. Unverferth   |
| ne number of shares of shares of shares of the share and Ti | of stock is: 100<br>ITTIAL OFFICERS AND/OR DIRECTOR<br>tle: Thomas P. Unverferth                              | _ Name and Title   | <sub>e:</sub> Maxi N. Unverferth   |
| ne number of shares of                                      | of stock is: TOO  ITIAL OFFICERS AND/OR DIRECTOR  |  | <sub>e:</sub> Maxi N. Unverferth<br>2766 Durham Drive NE<br>Atlanta, Georgia 30319                             |
| ne number of shares of RTICLE V IN  Name and Ti  Address    | TTIAL OFFICERS AND/OR DIRECTOR<br>tle: Thomas P. Unverferth<br>2766 Durham Drive NE<br>Atlanta, Georgia 30319 | _ Name and Title _ Address:                                | 2766 Durham Drive NE<br>Atlanta, Georgia 30319   |
| ne number of shares of RTICLE V IN  Name and Ti  Address    | TTIAL OFFICERS AND/OR DIRECTOR tle: Thomas P. Unverferth 2766 Durham Drive NE Atlanta, Georgia 30319          | _ Name and Title _ Address: Name and Title                 | 2766 Durham Drive NE<br>Atlanta, Georgia 30319   |
| Name and Tit  | TTIAL OFFICERS AND/OR DIRECTOR<br>tle: Thomas P. Unverferth<br>2766 Durham Drive NE<br>Atlanta, Georgia 30319 | _ Name and Title _ Address: Name and Title                 | 2766 Durham Drive NE<br>Atlanta, Georgia 30319   |
| Name and Tit  Address  Address                              | TTIAL OFFICERS AND/OR DIRECTOR tle: Thomas P. Unverferth 2766 Durham Drive NE Atlanta, Georgia 30319          | Name and Title Address:  Name and Title Address:  Address: | 2766 Durham Drive NE Atlanta, Georgia 30319  |

| Name an         | d Title:   | Name and Title:                |           |
|-----------------|--|--------------------------------|-----------|
| Address         |  | Address:                       |           |
|                 |  |                                |           |
| ARTICLE VI      | REGISTERED AGENT   |                                |           |
| The name and F  | lorida street address (P.O. Box NOT acceptable) of   | the registered agent is:       |           |
| Name:           | John Francioni   |                                |           |
| Address:        | 9580 S.W. 3rd. Court   |                                |           |
|                 | Pembroke Pines, FI 33025   |                                |           |
| ARTICLE VII     | INCORPORATOR   |                                |           |
| The name and ac | Idress of the Incorporator is:   |                                |           |
| Name:           | Thomas P. Unverferth   |                                |           |
| Address:        | 2766 Durham Drive NE   |                                |           |
|                 | Atlanta, Georgia 30319   |                                |           |
|                 | ned as registered agent to accept service of process<br>am familiar with and accept the appointment as reg |                                |           |
| - Dry           | Tanciou  | <u> </u>                       | 12/2/2013 |
|                 | Required Signature/Registered Agent  |                                | Date      |
|                 | nument and affirm that the facts stated herein are   |                                |           |
| aocument to the | Department of State constitutes a third degree felon   | v as proviaea jor in s.817.15: | 9, F.D.   |
| /Kon            | past. hunflith   |                                | 12/2/2013 |
| O               | Required Signalure/Incorporator  |                                | Date      |
|                 | $\smile$   |                                |           |