

P15000086790

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

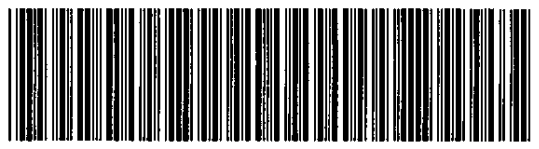
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100278162961

10/16/15--01020--017 **78.75

15 OCT 16 PM 12:58
RECEIVED

MD 10/22

COVER LETTER

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

SUBJECT: ALMAX INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: KARIN D. MIKLUHA and KARI R. MIKLUHA
Name (Printed or typed)

4959 NORTH TEE PEE LANE
Address

LAS VEGAS NV 89149
City, State & Zip

702-659-4123
Daytime Telephone number

karin.mikluha@gmail.com
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: ALMAX INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1342 Colonial Blvd

4959 N. TEE PEE LANE

Fort Myers, FL 33907

LAS VEGAS NV 89149

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: images and photography related services

ARTICLE IV SHARES

The number of shares of stock is: 10,000 (value \$1.00 each), all in one class

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kari Reijo Juhani Mikluha, Director

Name and Title: Karin Delphine Laurence, Director

Address 4959 North Tee Pee Lane

Address: 4959 North Tee Pee Lane

Las Vegas NV 89149

Las Vegas NV 89149

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

15 OCT 15 PM 12:58

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: REGISTERED AGENTS INC.
Address: 3030 N. Rocky Point Dr., STE 150A
Tampa, FL 33607

15 OCT 16 PM 12:58

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Karin D. Mikluha
Address: 4959 North Tee Pee lane
Las Vegas NV 89149

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Bill Havre Bill Havre/Assistant Secretary/Registered Agents Inc. 10/10/2015
Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Karin D. Mikluha 10/10/2015
Required Signature/Incorporator Date