

AUG-27-2012 01:00 FROM

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TO: 18506176381

P.

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.
Account Number : I20050000099
Phone : (813) 932-5244
Fax Number : (813) 932-3782

**Enter the email address for this business entity to be used for future
annual report mailings. Enter only one email address please.**

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
MAKSON, INC.

Certificate of Status	1
Certified Copy	1
Page Count	05
Estimated Charge	\$87.50

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Corporate Filing Menu

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12 AUG 27 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
12 AUG 27 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAKSON, INC.

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ROMAN ALBANO

(Name of Person)

CONTRACTORS REPORTING SERVICE INC

(Firm/Company)

13795 N NEBRASKA AVE

(Address)

TAMPA, FL 33613

(City/State and Zip code)

For further information concerning this matter, please call:

ROMAN ALBANO

(Name of Person)

at (813) 932-5244

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input checked="" type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|---|--|---|--|

850-817-8381

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August 27, 2012

FLORIDA DEPARTMENT OF STATE

CONTRACTORS REPORTING SERVICES, INC
Division of Corporations

SUBJECT: MAKSON, INC.
REF: W12000044265

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

If you have any further questions concerning your document, please call (850) 245-6052.

Justin M Shivers
Regulatory Specialist II
New Filing Section

FAX Aud. #: H12000212522
Letter Number: 812A00021820

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. **MAKSON, INC.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

MAKSON PLUMBING, INC

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **NORTH CAROLINA**

(State or country under the law of which it is incorporated)

3. **20-1118409**

(FEI number, if applicable)

4. **5/19/2004**

(Date of incorporation)

5. **PREPETUAL**

(Duration: Year corp. will cease to exist or "perpetual")

6. **UPON QUALIFICATION**

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. **434 CALHOUN STREET SALISBURY NC 28144**

(Principal office address)

POST OFFICE BOX 4197 SALISBURY NC 28145

(Current mailing address)

8. **ANY AND ALL LAWFUL BUSINESS**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: **CONTRACTORS REPORTING SERVICE**

Office Address: **13795 N NEBRASKA AVE**

TAMPA

(City)

, Florida **33613**

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

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12 AUG 27 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG-27-2012 01:01 FROM:

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TO: 18506176381

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Aug. 23. 2012 5:08PM Makson

8/23/2012 11:03 AM FROM: Fax Microsoft TO: 17016365504 PAGE: 003 OF 003

No. 9555 P. 4

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: DAVID ELLER

Address: 2988 ODDIE RD

BALISBURY, NC 28146

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. DAVID ELLER

(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA



NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

MAKSON, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 19th day of May, 2004, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

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TALLAHASSEE, FLORIDA



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 25th day of July, 2012.

Elaine F. Marshall

Secretary of State