

F 15000002182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

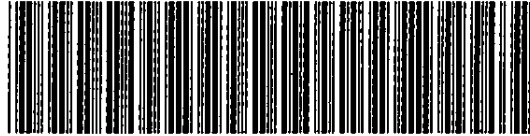
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED APR 20 2015

04/21/15--01007--016 **70.00

05/18/15--01047--015 **800.00

FILED
15 MAY 18 PM 2:10
CLERK OF STATE
TALLAHASSEE, FLORIDA

5/19/15

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Maxwell Services, 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," or "Certificate of Good Standing" 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:

Brenda Baker

Name of Person

Maxwell Services, Inc.

Firm/Company

11560 SW 67th Ave, Suite 200W

Address

Portland, OR 97223

City/State and Zip code

brendab@maxwellmorgan.com

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

For further information concerning this matter, please call:

Brenda Baker

Name of Person

at (**503**) **596-2168**

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

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TALLAHASSEE, FL 32301
SECRETARY OF STATE

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 24, 2015

BRENDA BAKER
11560 SW 67TH AVENUE
SUITE 200W
PORTLAND, OR 97223

SUBJECT: MAXWELL SERVICES, INC.
Ref. Number: W15000029031

We have received your document for MAXWELL SERVICES, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$800.00.

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

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 715A00008409

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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. Maxwell Services, Inc.

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

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

2. Nebraska

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

3. 45-3708997

(FEI number, if applicable)

4. 11/08/2011

(Date of incorporation)

5. perpetual

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

6. 11/01/2013

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 11560 SW 67th Ave, Suite 200W, Portland, OR 97223

(Principal office address)

11560 SW 67th Ave, Suite 200W, Portland, OR 97223

(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **Wally Van Cleave**

Office Address: **14030 Atlantic Blvd #3423**

Jacksonville

(City)

Florida 32225

(Zip code)

9. 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)

10. 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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Brenda Baker

Address: 1420 NW Lovejoy Street
Portland, OR 97209

Vice President: _____

Address: _____

Secretary: Judy Henry

Address: 1015 Donnan Place NE Salem, OR 97303

Treasurer: Judy Henry

Address: 1015 Donnan Place NE Salem, OR 97303

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

12. Brenda Baker

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Brenda Baker, President

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF NEBRASKA

United States of America, }
State of Nebraska }

Secretary of State
State Capitol
Lincoln, Nebraska

I, John A. Gale, Secretary of State of the
State of Nebraska, do hereby certify that

MAXWELL SERVICES INC.,

**was duly incorporated under the laws of this state on November 8, 2011 and
do further certify that no occupation taxes assessed are unpaid and no
occupation taxes are delinquent; Articles of Dissolution have not been filed
and said Corporation is in existence as of the date of this certificate.**

*This certificate is not to be construed as an endorsement,
recommendation, or notice of approval of the entity's financial
condition or business activities and practices.*

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15 MAY 18 PM 2:10
SECRETARY OF STATE
JILL AMOS, CLERK

In Testimony Whereof,



I have hereunto set my hand and
affixed the Great Seal of the
State of Nebraska on this date of
April 14, 2015

John A. Gale
Secretary of State