

F17000004524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

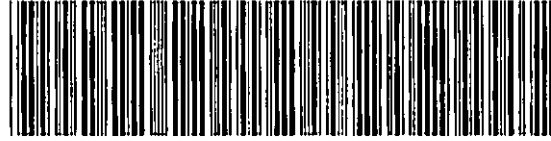
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/06/17--01010--024 **78.75

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17 OCT -6 PM 5:05
DIVISION OF CLERK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INVESTMAX 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:
VINCENT ALLARD, PRESIDENT

	Name of Person
CORPOMAX INC.	
	Firm/Company
2915 OGLETOWN RD	
	Address
NEWARK, DE 19713	
	City/State and Zip code
INFO@CORPOMAX.COM	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

VINCENT ALLARD	302	266-8200
	at ()	
Name of Person	Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS:

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

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

**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.*

INVESTMAX INC.

1. _____
(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. DELAWARE 3. N/A
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. OCTOBER 3, 2017 5. PERPETUAL
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 8045 VIA HACIENDA, PALM BEACH GARDENS, FL 33418
(Principal office address)

54 CHEMIN CARMAN, CHELSEA, QC J9B2K3, CANADA
(Current mailing address, if different)

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


Name: MICHEL BOND

Office Address: 8045 VIA HACIENDA

PALM BEACH GARDENS 33418
(City) , Florida (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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17 OCT -8 PM 5:05
CLERK OF THE COURT

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

A. DIRECTORS

Chairman: MICHEL BOND

Address: 8045 VIA HACIENDA, PALM BEACH GARDENS, FL 33418

Vice Chairman:

Address:

Director: MICHEL BOND

Address: 8045 VIA HACIENDA, PALM BEACH GARDENS, FL 33418

Director: MELANIE VIDAL

Address: 8045 VIA HACIENDA, PALM BEACH GARDENS, FL 33418

B. OFFICERS

President: MICHEL BOND

Address: 8045 VIA HACIENDA, PALM BEACH GARDENS, FL 33418

Vice President: MELANIE VIDAL

Address: 8045 VIA HACIENDA, PALM BEACH GARDENS, FL 33418

Secretary: MELANIE VIDAL

Address: 8045 VIA HACIENDA, PALM BEACH GARDENS, FL 33418

Treasurer:

Address:

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

12. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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. MICHEL BOND, PRESIDENT

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

FILED
17 OCT -6 PM 5:05
DIVISION OF STATE RECORDS

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INVESTMAX INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF OCTOBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INVESTMAX INC." WAS INCORPORATED ON THE THIRD DAY OF OCTOBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.



6566682 8300

SR# 20176472910

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203341261

Date: 10-04-17