

F190000001502

(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:

#2
need cus w19-20130

Office Use Only



900324408529

02/15/19--01014--015 ++87.50

FILED
2019 MAR 28 PM 3:19
TALLAHASSEE, FL

MAR 28 2019
S. PRATHER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 28, 2019

JAMES MICHAEL ATKINS
530 36TH STREET
WEST PALM BEACH, FL 33407

SUBJECT: AMAXVEN, INC.
Ref. Number: W19000020130

We have received your document for AMAXVEN, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The jurisdiction under the laws of which the entity is incorporated or organized must be included in the document.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacy Prather
Regulatory Specialist III

Letter Number: 019A00004280

COVER LETTER

TO: Registration Section
Division of Corporations
AMAXVEN, INC.

SUBJECT: _____
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:
JAMES MICHAEL ATKINS

AMAXVEN, INC.	Name of Person
530 36TH STREET	Firm/Company
WEST PALM BEACH, FLORIDA 33407	Address
MATKINS@AMAXVEN.COM	City/State and Zip code
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

JAMES MICHAEL ATKINS	561	718-5103
_____	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 type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input checked="" 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.*

AMAXVEN, INC.

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

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
82-0783592

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
AUGUST 16, 2016

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
NONE

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
530 36TH STREET WEST PALM BEACH, FLORIDA 33407

7. _____
(Principal office address)
SAME

(Current mailing address, if different)

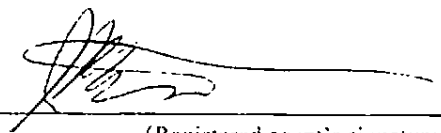
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
JAMES MICHAEL ATKINS

Name: _____
530 36TH STREET

Office Address: _____
WEST PALM BEACH 33407
_____. Florida _____
(City) (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.

FILED
2019 MAR 28 PM 3:19
TALLAHASSEE, FL

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

A. DIRECTORS

JAMES MICHAEL ATKINS

Chairman:

530 36TH STREET

Address:

WEST PALM BEACH, FLORIDA 33407

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

JAMES MICHAEL ATKINS

President:

530 36TH STREET

Address:

WEST PALM BEACH, FLORIDA 33407

Vice President:

Address:

Secretary:

Address:

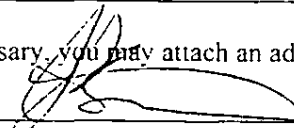
Treasurer:

Address:

FILED
2019 MAR 28 PM 3:19
TALLAHASSEE FL

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.

JAMES MICHAEL ATKINS CHAIRMAN AND PRESIDENT

13.

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

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

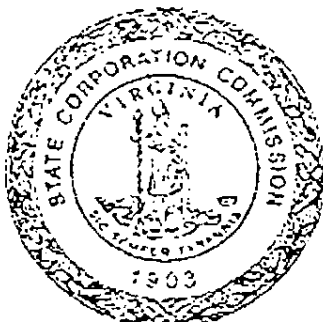
That AMAXVEN, INC. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on August 16, 2016;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



*Signed and Sealed at Richmond on this Date:
March 20, 2019*

Joel H. Peck
Joel H. Peck, Clerk of the Commission