

F23000006775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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T. LEMIEUX
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Maxwell 4 America, Inc.
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

STEPHEN C. MAXWELL

Name of Person

MAXWELL 4 AMERICA, INC.

Firm/Company

728 CANOE RIDGE POINT

5331 MT. VIEW ROAD #166

Address

ANTIOCH, TN 37013

City/State and Zip Code

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

For further information concerning this matter, please call:

STEPHEN C. MAXWELL

Name of Person

at ()

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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

November 14, 2023

STEPHEN C MAXWELL
728 CANOE RIDGE POINT
5331 MT VIEW RD #166
ANTIOCH, TN 37013-2

SUBJECT: MAXWELL 4 AMERICA, INC.
Ref. Number: W23000154674

We have received your document for MAXWELL 4 AMERICA, INC. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 123A00026392

RECEIVED
DEC 05 2023

Levi
11/22/2023
[Signature]

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:*

1. Maxwell 4 America, Inc.
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

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

2. Tennessee 3. 842982358
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/29/2022 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

6. 01/01/2024
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 728 CANOE RIDGE POINT ANTIOCH, TN 37013
(Principal office street address)

5331 MT. VIEW ROAD #166 ANTIOCH, TN 37013
(Current mailing address, if different)

8. PROMOTION OF STEPHEN C. MAXWELL 4 U.S. PRESIDNET 2028; HELPING THE SOCIAL OUTCAST
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: Northwest Registered Agent LLC

Office Address: 7901 4th St N STE 300
St. Petersburg, Florida 33702
(City) (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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☒ Chairman Name: STEPHEN C. MAXWELL
☐ Vice Chairman Address: 5331 MT. VIEW ROAD #166
☐ Director ANTIOCH, TN 37013
☒ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: BILLY J. ELDRIDGE
☐ Vice Chairman Address: POST OFFICE BOX 11914
☐ Director CHARLOTTE, NC 28220
☐ President _____
☐ Vice President _____
☒ Secretary _____ ☐ Treasurer _____
☐ Other: _____ ☐ Other: _____

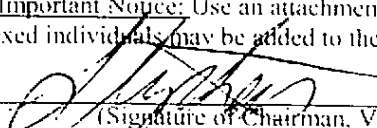
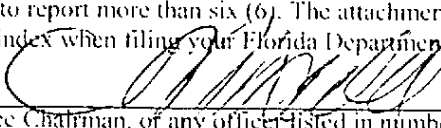
☐ Chairman Name: KAYLA RANDOLPH
☐ Vice Chairman Address: POB 11914
☒ Director CHARLOTTE, NC 28220
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☒ Other: PRESS SEC. ☐ Other: _____

☐ Chairman Name: HECTOR MUHAMMAD
☐ Vice Chairman Address: 1572 BRIXAM HILL AVE #300
☒ Director CHARLOTTE, NC 28217
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☒ Other: COM. DIR. ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other: _____ ☐ Other: _____

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13.  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. STEPHEN C. MAXWELL/ PRESIDENT/CANDIDATE
(Typed or printed name and capacity of person signing application)



Tre Hargett
Secretary of State

Division of Business Services
Department of State

State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

STEPHEN CORTNEY MAXWELL
728 CANOE RIDGE POINT
ANTIOCH, TN 37013-4236

November 27, 2023

Request Type: Certificate of Existence/Authorization

Request #: 0557623

Issuance Date: 11/27/2023

Copies Requested: 1

Document Receipt

Receipt #: 008474540

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3862800514

\$20.00

Regarding: Maxwell 4 America, Inc.

Filing Type: Nonprofit Corporation - Domestic

Formation/Qualification Date: 11/29/2022

Status: Active

Duration Term: Perpetual

Business County: DAVIDSON COUNTY

Control #: 1372096

Date Formed: 11/29/2022

Formation Locale: TENNESSEE

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Maxwell 4 America, Inc.

* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

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