

P00000080014

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 AUG 24 AM 10:17

APPROVED
AND
FILED

SUBJECT:

Maxport inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

500003370895--4

-08/24/00--01005--006

*****87.50 *****87.50

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: MAXIMINO G. FIGUEROA
Name (Printed or typed)

9824 DEAN WOOD BL.
Address

ORLANDO FL. 32825
City, State & Zip

(407) 310-7147
Daytime Telephone number

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

00 AUG 24 AM 10:06

RECEIVED

NOTE: Please provide the original and one copy of the articles.

8/8/24

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

MAXPORT inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

9824 DEAN WOOD PI. ORLANDO FL. 32825

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

1 share

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

MARK D. PORTER JR.
9820 DEAN WOODS PI.
ORLANDO FL. 32825

MAXIMINO G. FIGUEROA
9824 DEAN WOOD PI.
ORLANDO FL. 32825

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

MARK D. PORTER JR.
9820 DEAN WOODS PI.
ORLANDO FL. 32825

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

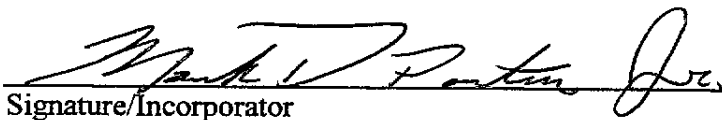
MARK D. PORTER JR.
9820 DEAN WOODS PI.
ORLANDO FL. 32825

MAXIMINO G. FIGUEROA
9824 DEAN WOODS PI.
ORLANDO FL. 32825

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Signature/Registered Agent

8-24-00
Date


Signature/Incorporator

8-24-00
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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