PO/OCO SULSY State Transmittal Letter F State

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

SUBJECT:	(PROPOSED CORPORA)	1 JAP C. TENAME-MUSTINCH	IDE SLIFFIXA		
	(2002-0022-0032-0032-0032-0032-0032-0032		600004 -05/21/ ******		
Enclosed is an origin	nal and one(1) copy of the article	es of incorporation and a	check for :		
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee. & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	of I	
FROM: Losi J Maxwell Name (Printed or typed)					
21278 Emerald Lake Ct Address					
Kissimmel, FL 34744 City, State & Zip					
OF MAX WELL UTHORIZATION BY PHONE TO THE COST ARME DATE US -25-01 DOC. EXAM A		elephone number	ECRE LAK LE FLORIDA	FILED OI HAY 21 AM II: 30	
NOTE: Please provide the original and one copy of the articles.					

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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:	•
Max Action Inc.	
INDIA MENTO	_
ARTICLE II PRINCIPAL OFFICE	TAL SE
The principal place of business/mailing address is:	SR F 7
2678 Emerald Lake Ct	E 72
Kissimmer, FL 34744	SS
,	FILED OI MAY 21 AM II: 30 SECRETARY OF STATE SECRETARY SEE, FLORID
ARTICLE III PURPOSE	75 = 0
The purpose for which the corporation is organized is:	ନିନ୍ଦୁ ଓ
To Provide Pull Service bookkeeping -tax preparation	DEFI O
ARTICLE IV SHARES	
The number of shares of stock is: 100	
ARTICLE V INITIAL OFFICERS DIRECTORS (optional The name(s) and address(es):	2
Lori J Maxwell President	•
2010 1 District , Trescente	•
ARTICLE VI REGISTERED AGENT	-
The <u>name and Florida street address</u> of the registered agent is:	
Lori J Mousevell 2078 Emerald Lake Ct	
Kissimmer, FL 34744	-
111221414A	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Lori J Maxwell	
2678 Emerald Lake Ct	
Kissimmee, FL 34744	
*********************	***********
Having been named as registered agent to accept service of process for the above sta	
certificate, I am familiar with and accept the appointment as registered agent and ag	ree to act in this capacity
OKA: A Maria M	5-18-01
19a of Maxwell	
Signature/Registered Agent(Date
$\bigcap K \cdot \bigcap M \setminus M$	~ !
you of I favoll	<u>5-/8-01</u>
Signature/Incorporator (Date