

P04000013674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

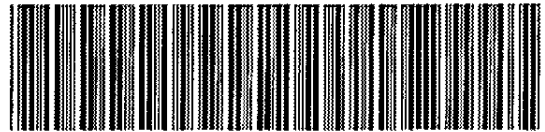
(Business Entity Name)

(Document Number)

Certified Copies 1 Certificates of Status

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01/22/04--01047--012 **78.75

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01 JAN 22 PM 1:25
TALLAHASSEE, FLORIDA
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STATE
OPERATIONS
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Maximus OF Tallahassee Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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:

Justin Cortopassi
Name (Printed or typed)

1005 Highway 98
Address

East Point, FL 32328
City, State & Zip

(850) 443-4420
Daytime Telephone number

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

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:

Maximus ~~OF~~ Tallahassee Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1410 Market St Suite C5
Tallahassee, FL 32312

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The corporation will be used to purchase Tails and Two.
a formal wear business

ARTICLE IV SHARES

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Justin Cortopassi - President
Helen Cortopassi - ~~Officer~~ D
Travis Cortopassi - ~~Officer~~ D
Meredith Evans - ~~Officer~~ D

ARTICLE VI REGISTERED AGENT

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

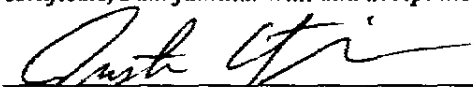
Justin Cortopassi
1410 Market St Suite C5
Tallahassee, FL 32312

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Justin Cortopassi
1410 Market St Suite C5
Tallahassee, FL 32312

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

1/22/04
Date


Signature/Incorporator

1/22/04
Date

04 JAN 22 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED