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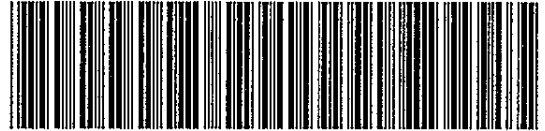
(Business Entity Name)

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12/20/04--01015--018 **78.75

EFFECTIVE DATE
01/01/2005

FILED
04 DEC 20 PM 2:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

74 12/20/04

TRANSMITTAL LETTER

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

SUBJECT: MAX MARINE INSURANCE, INC.

Enclosed are the original and one copy of the Articles of Incorporation and a check for \$78.75.

This is for the filing fee and a certificate of status.

Sincerely,

A handwritten signature in cursive script that reads "Maxine Woodard".

MAXINE WOODARD
FOR: MAX MARINE INSURANCE, INC.
239-283-7779
P O BOX 779
ST JAMES CITY, FL 33956

ARTICLES OF INCORPORATION
OF

MAX MARINE INSURANCE, INC.
MAILING: PO BOX 779
SAINT JAMES CITY, FL 33956

FILED

04 DEC 20 PM 2:27

SECRETARY OF STATE
TALLAHASSEE FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, and/or Chapter 607 and/or Chapter 621, F.S. (Profit) hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: MAX MARINE INSURANCE, INC.

EFFECTIVE DATE
01/01/2005

ARTICLE II PRINCIPLE OFFICE

The principle place of business of this corporation shall be:
3580 STRINGFELLOW RD
SAINT JAMES CITY, FL 33956
MAILING :
PO BOX 779
ST. JAMES CITY, FL 33956

ARTICLE III NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory, or nation.

ARTICLE IV CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

10,000 shares with par value of \$0.50

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

MAXINE WOODARD, PRES/DIR
2404 SAPODILLA LN
SAINT JAMES CITY, FL 33956

ARTICLE VI REGISTERED AGENT

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: MAX MARINE INSURANCE, INC.
2. The name and address of the registered agent and office is:

MAXINE WOODARD, 2404 SAPODILLA LN, SAINT JAMES CITY, FL 33956

ARTICLE VII INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

MAXINE WOODARD
2404 SAPODILLA LN
SAINT JAMES CITY, FL 33956

ARTICLE VIII EFFECTIVE DATE OF INCORPORATION

The effective date of incorporation for MAX MARINE INSURANCE, INC. will be January 1, 2005.

Maxine Woodard 12/16/04
Signature/Incorporator Date

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.

Maxine Woodard 12/16/04
Signature/Registered Agent Date