

POS0000087970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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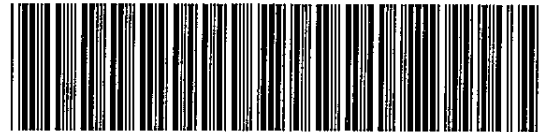
(Business Entity Name)

(Document Number)

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06/08/05--01011--017 \*\*78.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 JUN 20 AM 8:22

W-28471  
Orig. Sig

B. McKnight JUN 21 2005

TRANSMITTAL LETTER

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

SUBJECT: MAX ENTERPRISES, INC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: MAXIMUS A SIRIGAMPOLA  
Name (Printed or typed)

232 RHAPSODY LANE  
Address

APOPKA, FL 32703  
City, State & Zip

407-756-2480  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

June 8, 2005

MAXIMUS A SIRIGAMPOLA  
232 RHAPSODY LANE  
APOPKA, FL 32703

SUBJECT: MAX ENTERPRISES, INC.  
Ref. Number: W05000028471

We have received your document for MAX ENTERPRISES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The document must have original signatures.

Please return the original and one copy of 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) 245-6931.

Becky McKnight  
Document Specialist  
New Filings Section

Letter Number: 505A00040282

**ARTICLES OF INCORPORATION**

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

05 JUN 20 AM 8:22  
ILLU  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE I NAME**

The name of the corporation shall be:

MAX-SIRI ENTERPRISES, INC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

232 RHAPSODY LANE  
APOPKA, FL 32703

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO PERFORM PROFESSIONAL SERVICES  
TO THE COMMUNITY

**ARTICLE IV SHARES**

The number of shares of stock is:

100000 COMMON SHARES @ \$1.00 PAR VALUE

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

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

MAXIMUS A. SIRI GAMPOLA 232 RHAPSODY LANE  
APOPKA FL 32703  
BERNERDETTE C SIRI GAMPOLA 232 RHAPSODY LANE  
APOPKA FL 32703

**ARTICLE VI REGISTERED AGENT**

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

MAXIMUS A SIRI GAMPOLA 232 RHAPSODY LANE  
APOPKA, FL 32703

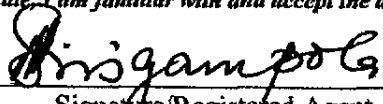
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

MAXIMUS A SIRI GAMPOLA 232 RHAPSODY LANE  
APOPKA FL 32703

\*\*\*\*\*

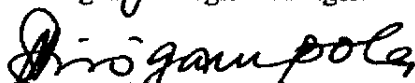
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

6-13-05

Date



Signature/Incorporator

6-13-05

Date