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Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
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2000 JUN 25 PM 1: 01 SECRETARY OF STATE

n. g. 15-26

COVER LETTER

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

SUBJECT:	JAKE MAXWELL (PROPOSED CORPORA)	Enterprises	Inc.	
	(PROPOSED CORPORA)	re name – <u>must includ</u>	E SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and a	check for:	
\$70.00	\$78.75	\$78.75	\$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of	
			Status	
		ADDITIONAL COPY	Y REQUIRED	
		K~"+		
FROM:	(AROlyn	(Printed or typed)		
5595 'Haeasant Dr.				
Address				
Mulberry FC. 33860				
City, State & Zip				
863-644-4330				
•	Daytime Telephone number			

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



June 19, 2008

CAROLYN KENT 5595 PHEASANT DR. MULBERRY, FL 33860

SUBJECT: JAKE MAXWELL ENTERPRISES, INC

Ref. Number: W08000029725

We have received your document for JAKE MAXWELL ENTERPRISES, INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected 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) 245-6047.

Letter Number: 208A00037317

Carolyn Lewis Regulatory Specialist II New Filing Section

Division of Company tions D.O. DOV 2007 Mellaharra Elavida 20014

FILED

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

ARTICLE I NAME	2009 JUN 25	PM I: 0
	SECRETARY	OF STATE
The name of the corporation shall be: Take Maxwell Enterprises, Inc	TALLAHASSE	E.FLORIE
ARTICLE II PRINCIPAL OFFICE		
The principal street address and mailing address, if different is:		
5595 raegsgut Dr.		
5595 Theasquit Dr. Mulberry, Fc. 33860		
ARTICLE III PURPOSE		
The purpose for which the corporation is organized is:		
To operate an insurance busine	22	
ARTICLE IV SHARES		
The number of shares of stock is:		
100		
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS		
List name(s), address(es) and specific title(s):		
Mary Ann Simonana (Trasida	4	
Mary Ann Simmons - President Carolyn tent - Vice President Sames MAXWEII - Secretary Pola Mare Weston - Treasurer	-	
Carolyn Pent - Vice Mesident		
Dale May Destary		
ARTICLE VI REGISTERED AGENT		
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is:		
Mary Axx Simmons		
3320 Mud Lake Koad Hart City To: 33566		
ARTICLE VII INCORPORATOR	·	
The name and address of the Incorporator is:		
CAROlyn Joent		
53950 Thedsout Ir.		
**************************************	******	* *
Having been named as registered agent to accept service of process for the above stated corporation at the p	olace designated is	n this
certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity		
marandum = Jun	e 24,5	100 8
Signature/Registered Agent Date	;	2008
Jan Jun	14 24 6	2008
Signature/Incorporator) Date	 ,	