

PO9000049081

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

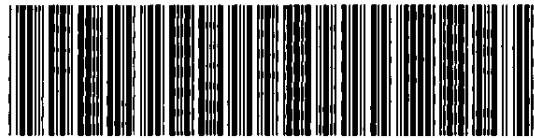
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

2544
W09-23665



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05/18/09--01022--012 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JUN -3 AM 11:27

MD 6/5

COVER LETTER

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

SUBJECT: Mayx Services 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: Tammy Mannel
Name (Printed or typed)

4858 Sabal Lake Cir
Address

Sarasota FL 34238
City, State & Zip

239-994-3047
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 19, 2009

TAMMY MANNEL
4858 SABAL LAKE CIR
SARASOTA, FL 34238

SUBJECT: MAXX SERVICES INC
Ref. Number: W09000023665

We have received your document for MAXX SERVICES INC and your check(s) totaling \$70.00. 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.

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) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 609A00017054

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:

~~Maxx Services Inc~~ MAXX EXECUTIVE SERVICES INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

4858 Sabal Lake Cir
Sarasota FL 34238

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Clerical Services

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):

Tammy Mannel
4858 Sabal Lake Cir
Sarasota FL 34238

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Tammy Mannel
4858 Sabal Lake Cir
Sarasota FL 34238

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Tammy Mannel
4858 Sabal Lake Cir
Sarasota FL 34238

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

Tammy Mannel

Signature/Registered Agent

Tammy Mannel

Signature/Incorporator

5/12/09
Date

5/12/09
Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JUN -3 AM 11:27