

P10000101783

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(Business Entity Name)

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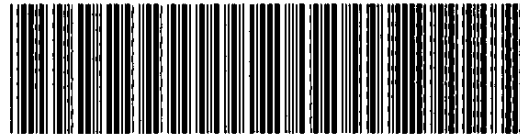
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12/06/10--01034--010 **78.75

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2010 DEC 16 PM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/20/10
J

COVER LETTER

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

SUBJECT: Maxim LOP Care, 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: Tania M. Setsma

Name (Printed or typed)

2463 Waneta Dr.

Address

Sarasota, Fl. 34231

City, State & Zip

941-928-4400

Daytime Telephone number

roland@6585bill.com

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
10 DEC 16 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 7, 2010

TANIA M. SETSMA
2463 WANETA DR
SARASOTA, FL 34231

SUBJECT: MAXIM LOP CARE, INC.
Ref. Number: W10000056688

We have received your document for MAXIM LOP CARE, 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):

Please type the name of the corporation in article I.

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.

An effective date may be added to the Articles of Incorporation if a 2011 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

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) 245-6928.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 410A00028360

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: **MAXIM LOP CARE, INC**

ARTICLE II PRINCIPAL OFFICE

Principal street address
2463 Waneta Dr.
Sarasota, FL 34231

Mailing address, if different is:
P.O. Box 21689
Sarasota, FL 34276

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Investments

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tania M. Setsma-President
Address: P.O. Box 21689
Sarasota, FL 34276

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

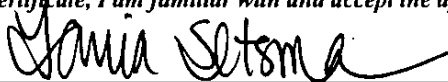
Name: Tania M. Setsma
Address: 2463 Waneta Dr
Sarasota, FL 34231

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Tania M. Setsma
Address: 2463 Waneta Dr
Sarasota, FL 34231

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



Required Signature/Registered Agent

 12/1/10
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

12/1/10
Date

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TALLAHASSEE, FLORIDA