

P11000047986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

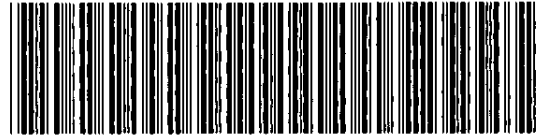
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



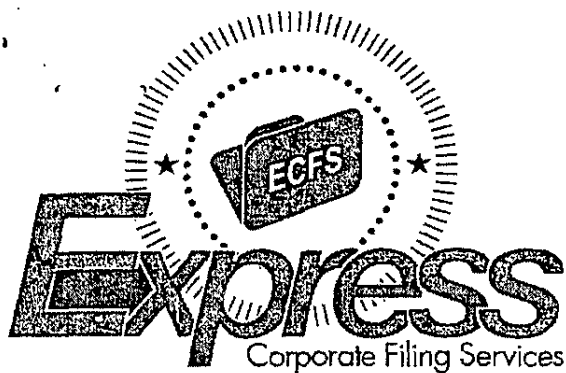
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05/20/11--01003--011 **79.75

RECEIVED
11 MAY 20 AM 10:51
DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2011 MAY 20 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EBurch MAY 23 2011



1000 Ponce de Leon Blvd. Suite: 101

Coral Gables, FL 33134

Phone: 305 444 4994

Email- filing@ecfsfiling.com

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Maxsol Petroleum Corp.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in
 ☒ Pick up time _____
 ☒ Certified Copy
☐ Mail out
☐ Will wait
☐ Photocopy
☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

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:

MAXSOL PETROLEUM CORP

ARTICLE II PRINCIPAL OFFICE

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

PRINCIPAL ADDRESS:
14704 SW 132ND AVE
MIAMI FL 33186

MAILING ADDRESS:
POBOX 160093
MIAMI FL 33116

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List names(s), address(es) and specific title(s):

MELVIN P. MARCUCCI - PD
JIMMY LOPEZ - VP
POBOX 160093
MIAMI FL 33116

ARTICLE VI REGISTERED AGENT

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

MELVIN P. MARCUCCI
14704 SW 132ND AVE
MIAMI FL 33186

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MELVIN P. MARCUCCI
JIMMY LOPEZ
POBOX 160093
MIAMI FL 33116

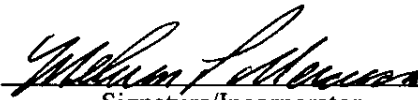
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificated, I am familiar with and accept the appointment as registered agent to act in this capacity



Signature/Registered Agent

5-19-11

Date



Signature/Incorporator

5-19-11

Date

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TALLAHASSEE, FLORIDA