

P110000083453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

WH-46661

Office Use Only



300211705163

09/08/11--01006--014 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 SEP 21 PM 3:06

APPROVED
AND
FILED

WH

COVER LETTER

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

SUBJECT: MAXICALL20EZ 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: Vladimir Domingue

Name (Printed or typed)

621 Lyons rd Unit 9102

Address

Coconut creek, FL 33063

City, State & Zip

754-234-8695

Daytime Telephone number

vladomix2000@yahoo.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

September 9, 2011

VLADIMIR DOMINGUE
621 LYONS RD UNIT 9102
COCONUT CREEK, FL 33063

SUBJECT: MAXICALL20EZ INC
Ref. Number: W11000046661

We have received your document for MAXICALL20EZ 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 registered agent must have a Florida street address. A post office box is not acceptable.

You must list at least one incorporator with a complete business street address.

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) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 311A00020942

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

WITH
AND
FILED

ARTICLE I NAME MaxiCall20EZ Inc
The name of the corporation shall be:

11 SEP 21 PM 3:06

ARTICLE II PRINCIPAL OFFICE
Principal street address
621 Lyons Rd Unit 9102
Coconut Creek, FL 33063

Mailing address, if different, is
P.O. Box 938444
Margate, FL 33093

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To transact any lawful business for which corporations may be organized under the Florida general corporation act, or engaged in order trade or business which can, in the opinion of the board of director of the corporation be advantageously carried on in connection with or auxiliary to the foregoing business. To do such other things as are incidental, necessary or desirable in order to accomplish the foregoing.

ARTICLE IV SHARES

The number of shares of stock is: This corporation is authorized to issue 1000 shares of one dollar (\$1.00) par value common stock which shall be designated as "common Shares"

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Vladimir Domingue, President</u>	Name and Title: _____
Address: <u>621 Lyons Rd Unit 9102</u>	Address: _____
<u>Coconut Creek, FL 33063</u>	_____

Name and Title: <u>Anne Marie G Domingue, Vice-President</u>	Name and Title: _____
Address: <u>621 Lyons Rd Unit 9102</u>	Address: _____
<u>Coconut Creek, FL 33063</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: Vladimir Domingue
Address: (S/A) 621 Lyons Rd Unit 9102
Coconut Creek, FL 33063

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Vladimir Domingue
Address: (S/A) 621 Lyons Rd Unit 9102
Coconut Creek, FL 33063

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

09-02-2011

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

09-02-2011

Date