

COVER LETTER

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

SUBJECT: MONTIS MAXIMUS, 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: W. Rodgers Moore, Esq.
Name (Printed or typed)

1900 Glades Rd., Suite 401
Address

Boca Raton, FL 33431
City, State & Zip

561-394-7944
Daytime Telephone number

wrmoorelaw@gmail.com
E-mail address: (to be used for future annual report notification)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2011 OCT 25 PM 2:05

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

ARTICLES OF INCORPORATION

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

ARTICLE I NAME MONTIS MAXIMUS, INC.
The name of the corporation shall be:

2011 OCT 25 PM 2:05

ARTICLE II PRINCIPAL OFFICE
Principal street address
4651 N. Federal Highway
Boca Raton, FL 33431-5133

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
to hold, improve, develop, lease, manage, finance, mortgage and sell Lots 63 E and 81 F Unit 3,
Phase III located in Homestead in Wears Valley subdivision, Sevier County, Tennessee.

ARTICLE IV SHARES
The number of shares of stock is: 1,000 shares of .001 par value common stock

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carl Schoeppl, P.T.S.D. Name and Title: _____
Address: 4651 N. Federal Highway Address: _____
Boca Raton, FL 33431-5133

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

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: W. Rodgers Moore, P.A.
Address: 1900 Glades Rd., Suite 401
Boca Raton, FL 33431

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: W. Rodgers Moore, P.A.
Address: 1900 Glades Rd., Suite 401
Boca Raton, FL 33431

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

10/27/2011

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

10/27/2011

Date