

P120000101728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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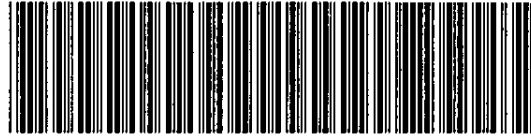
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 DEC 13 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

144

COVER LETTER

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

SUBJECT: Max Adventures, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Max A. Wike

Name (Printed or typed)

7925 Old Hickory Hammock Rd.

Address

Milton, FL 32583

City, State & Zip

850-374-1091

Daytime Telephone number

max.wike@yahoo.com

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

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article I **Name**

The name of the corporation shall be:
Max Adventures, Inc.

Article II **Principal Office**

The principal place of business/ mailing address is:
7925 Old Hickory Hammock Rd., Milton, FL 32583

Article III **Purpose**

The purpose for which the corporation is organized is:
Any lawful business purpose

Article IV **Shares**

1,000

Article V **Initial Officers and/or Directors**

Max A. Wike – President – 7925 Old Hickory Hammock Rd., Milton, FL 32583

Article VI **Registered Agent**

Max A. Wike – 7925 Old Hickory Hammock Rd., Milton, FL 32583

Article VII **Incorporator**

Max A. Wike - 7925 Old Hickory Hammock Rd., Milton, FL 32583

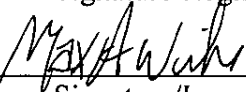
Article VIII **Date Incorporation to be Effective**

January 2, 2013

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.



Signature/Registered Agent



Signature/Incorporator

9 DEC 12

Date

9 DEC 12

Date