

713 000024895

(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



100245564991

03/15/13--01013--003 **70.00

13 MAR 15 AM 11:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

COVER LETTER

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

SUBJECT: **MAXX TAX 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: **DARRELL SMITH**

Name (Printed or typed)

601 S. FALKENBURG RD, STE. 14-2

Address

TAMPA, FLORIDA 33619

City, State & Zip

(813) 270 - 5890

Daytime Telephone number

DARRELL3046@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)

ARTICLE I NAME

The name of the corporation shall be: **MAXX TAX INC**

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

601 S. FALKENBURG RD. STE 14-2

TAMPA, FLORIDA 33619

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **ALL LEGAL BUSINESS PURPOSES**

ARTICLE IV SHARES

The number of shares of stock is: **100,000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **DARRELL SMITH, CEO**

Address: **6916 N. 30TH ST
TAMPA, FLORIDA 33610**

Name and Title: **SHAWNTEL JONES, PRES**

Address: **8771 ORANGE LEAF CRT
TEMPLE TERRACE, FL 33637**

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

FILED
13 MAR 15 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(conti.)

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: DARRELL SMITH
Address: 601 S. FALKENBURG RD.
TAMPA, FL 33619

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DARRELL SMITH
Address: 601 S. FALKENBURG RD.
TAMPA, FL 33619

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

Darrell Smith

Required Signature/Registered Agent

2-27-13

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.

Darrell Smith

Required Signature/Incorporator

2-27-13

Date

FILED
13 MAR 15 AM 11:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA