

P14000038661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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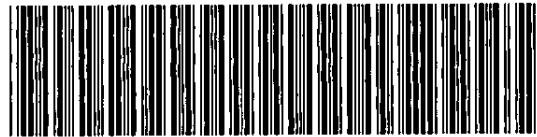
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2014 MAY -1 PM 1:50

1/1/14

COVER LETTER

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

SUBJECT: ADD MAX WHOLESALE TRADE 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: Claudio Zorzi
Name (Printed or typed)

127 SE 1st Ave
Address

Miami FL 33131
City, State & Zip

305 5875000
Daytime Telephone number

CZORZI7@GMAIL.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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: ADOMAX WHOLESALE TRADE **2011 MAY 11 PM 1:50**

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

127 SE 10th Ave.
MIAMI FL 33131

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ELECTRONICS WHOLESALE AND EXPORT

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CLAUDIO ZORZI Name and Title: _____

Address 127 SE 10th Ave Address: _____

MIAMI FL 33131

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED (cont.)
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2014 MAY -1 PM 1:50

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: Claudio Zorzi

Address: 127 SE 1st Ave

MIAMI FL 33131

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Claudio Zorzi

Address: 127 SE 1st Ave

MIAMI FL 33131

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]
Required Signature/Registered Agent

04/22/2014
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.

[Signature]
Required Signature/Incorporator

04/22/2014
Date