

COVER LETTER

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

SUBJECT: Maximilien Marketing, 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: Jimmy Maximilien
Name (Printed or typed)

2915 Sharer Rd. Apt # 521
Address

Tallahassee, FL 32312
City, State & Zip

(305) 333-6225
Daytime Telephone number

jmaximilien09@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)

ARTICLE I NAME

The name of the corporation shall be: Maximilien Marketing, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2915 Sharer Rd Apt #521
Tallahassee, FL 32312

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Market Research

14 MAY - 8 PM 12:11
SECRET
FBI

APPROVED
AND
FILED

ARTICLE IV SHARES

The number of shares of stock is: 500 / .1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jimmy Maximilien, C.E.O Name and Title: Jimmy Maximilien, President

Address: 2915 Sharer Rd Apt #521 Address: 2915 Sharer Rd Apt #521
Tallahassee, FL 32312 Tallahassee, FL 32312

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(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: Jimmy Maximilien
Address: 2915 Sharer Rd, Apt # 521
Tallahassee, FL 32312

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jimmy Maximilien
Address: 2915 Sharer Rd, Apt # 521
Tallahassee, FL 32312

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

Jimmy Maximilien
Required Signature/Registered Agent

May 8, 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.

Jimmy Maximilien
Required Signature/Incorporator

May 8, 2014
Date

STATE OF FLORIDA
DEPARTMENT OF STATE

14 MAY -8 PM 12:11

APPROVED
AND
FILED