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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/26/14

COVER LETTER

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

SUBJECT: **SolarMaxed.com 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: **Michael S. McCann**

Name (Printed or typed)

6250 Roosevelt Blvd #33

Address

Clearwater FL 33760

City, State & Zip

727-465-4906

Daytime Telephone number

mikem@solarmaxed.com

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

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: SolarMaxed.com Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SolarMaxed.com

4445 E. Bay Drive, #311

Clearwater, FL 33764

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To manufacture and sell the SunMaxed solar heating system
to both residential and commercial customers.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael McCann President

Name and Title: _____

Address: 6250 Roosevelt Blvd. #33
Clearwater FL 33760

Address: _____

Name and Title: Michael Rud Secretary

Name and Title: _____

Address: 4445 E Bay Drive #311
Clearwater FL 33764

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: Michael McCann
Address: 6250 Roosevelt Blvd #33
Clearwater FL 33760

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michael McCann
Address: 6250 Roosevelt Blvd #33
Clearwater FL 33760

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

8-13-14
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

8-13-14
Date

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TALLAHASSEE, FLORIDA