Florida Department of State

Division of Corporations

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800)221-2972
Fax Number : (888)692-9256

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

MAX SECURITY, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$78.75

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JAN - 7 2015

A. DUNLAP

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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: MAX SECURITY, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1395 FAIRFAX CIR E
BOYNTON, FL 33436

Mailing address, if different is:
1395 FAIRFAX CIR E
BOYNTON, FL 33436

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: to engage in any lawful act or activity for which corporations may be organized.

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MICHAEL SNADOWSKY/PRESIDENT
Address: 1395 FAIRFAX CIR E
BOYNTON, FL 33436

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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TALLAHASSEE, FLORIDA

(cont.)

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 SNADOWSKY

Address: 1395 FAIRFAX CIR E

BOYNTON, FL 33436

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MICHAEL SNADOWSKY

Address: 1395 FAIRFAX CIR E

BOYNTON, FL 33436

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

(X) Michael Snadowsky
Required Signature/Registered Agent

1/6/15
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.

(X) Michael Snadowsky
Required Signature/Incorporator

1/6/15
Date

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