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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : M. BURR KEIM COMPANY
Account Number : 119990000242
Phone : (215) 563-8113
Fax Number : (215) 977-9386

****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
Maxentius Realty Group, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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17 AUG 25 PM 1:07

FLORIDA DEPARTMENT OF STATE
BUREAU OF COMMERCIAL
REGISTRATION SERVICES

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: Maxentius Realty Group, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address
407 Lincoln Road, Suite 10GMiami Beach, FL 33139

Mailing address, if different is:

407 Lincoln Road, Suite 10GMiami Beach, FL 33139**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Real estate investment**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Michael Joseph Midolo, PresidentAddress: 407 Lincoln Road, Suite 10G
Miami Beach, FL 33139Name and Title: Michael Joseph Midolo, DirectorAddress: 407 Lincoln Road, Suite 10G
Miami Beach, FL 33139

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: Andrew M. Lyons, Esquire
Address: 4103 Little Road
New Port Richey, FL 34655

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Andrew M. Lyons, Esquire
Address: 4103 Little Road
New Port Richey, FL 34655

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

8/24/17

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

8/24/17

Date