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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D O'KEEFE
MAY 17 2018

COVER LETTER

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

SUBJECT: Maxie Maintenance, 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: Audra Berman
Name (Printed or typed)

2090 S. Hibiscus Drive
Address

N. Miami, FL 33181
City, State & Zip

786-287-3660
Daytime Telephone number

akberman@hotmail.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: Maxie Maintenance, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2090 S. Hibiscus Drive

N. Miami, FL 33181

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Professional Corporation

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Audra Beriman Name and Title: _____

Address 2090 S Hibiscus Dr Address: _____

N. Miami, FL

33181

Name and Title: Neal Berman Name and Title: _____

Address 2090 S Hibiscus Dr Address: _____

N. Miami, FL

33181

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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TALLAHASSEE, FLORIDA

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: Audra Berman
Address: 2090 S. Hibiscus Dr.
N. Miami, FL 33181

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Audra Berman
Address: 2090 S. Hibiscus Dr.
N. Miami, FL 33181

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TALLAHASSEE, FLORIDA

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

Audra Berman
Required Signature/Registered Agent

5/11/18
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.

Audra Berman
Required Signature/Incorporator

5/11/18
Date