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(((H19000294675 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I2000000146 Phone : (305)444-4994 : (305)444-4977 Fax Number

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 MAXIMUS DISTRIBUTORS INC

Certificate of Status	0
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10/4/2019 9:20:29 AM PAGE 1/001 ' Fax Server

October 4, 2019

FLORIDA DEPARTMENT OF STATE Division of Corporations

EXPRESS CORPORATE FILING

SUBJECT: MAXIMUS DISTRIBUTORS INC

REF: W19000088567

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.

http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

If you have any further questions concerning your document, please call (850) 245-6052.

Tyrone Scott Regulatory Specialist II New Filings Section FAX Aud. #: H19000294675 Letter Number: 219A00020435

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

ARTICLE I NAME	MAXIMUS DISTRIBUTORS	INC			
The name of the corporat	MAXIMUS DISTRIBUTORS		\		
ARTICLE JI PRINC	<u>LPAL OFFICE</u> Principal <u>street</u> address		Mailing address, if different is:		
APT 503	KIVE				
MIANU, FL 33125					
ARTICLE DI PURPO The purpose for which the	OSE he corporation is organized is:				
ANY AND ALL LAW					
	····				
	 .				
ARTICLE IV SHARE The number of shares of			FIL 2019 OCT -7 SECRETANA ALLAHASSES		
ARTICLE V INITIA	L OFFICERS AND/OR DIRECTORS		See 1		
Name and Title	OSVALDO P. MEDINA, SR. (P/S/D)	_ Name and Title:	- F II		
Address	1629 NW N RIVER DRIVE	Address:	99 25 C		
	APT 503	_			
	MIAMI, FL 33125				
Name and Title:		Name and Title:			
Address		Address:			
		_			
					
Name and Title:		_ Name and Title:			
Address		Address:			
					

FAX No.

Name and Title:		Name and Title:		
Address		Address:		
ARTICLE VI The name and Y	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) o	of the registered agent is:		
Name:	OSVALDO P. MEDINA, SR	_		
Address:	1629 NW. N. RIVER DRIVE APT 503	_		
. marcss.	MIAMI, FL 33125	_ _		
ARTICLE VII	INCORPORATOR			
The name and s	address of the Incorporator is:			
Name:	OSVALDO P. MEDINA, SR	_		
Address:	1629 NW, N. RIVER DRIVE APT 503			
	MIAMI, FL 33125	_		
Effective date, i	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and cann	. (OPTIONA ot be more than five days	L) prior or 90 days after the	
	e inserted in this block does not meet the applicable effective date on the Department of State's records.		nts, this date will not be listed as	
Having been na this certificate, l	imed as registered agent to accept service of proces am familiar with and accept the appointment as re	s for the above stated corp gistered agent and agree to	oration at the place designated act in this capacity	
0;	svaldo P. Medína, Sn		OCT. 2, 2019	
	Required Signature/Registered Agent		Date	
I submit this do document to the	cument and affirm that the facts stated herein are Department of State constitutes a third degree felo	true. I am aware that the ny as provided for in s.817.	false information submitted in 155, F.S.	
Osvai	ldo P. Medína, Sr.		OCT. 2, 2019	
	nired Signature/Incorporator		Date	