# P19000079492

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer.				





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K Brainbay

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tullahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Max Convenience Enter	prises Inc			
			Art o	of Inc. File
			LTD	Partnership File
			Forei	ign Corp. File
			L.C.	File
			Ficti	tious Name File
			Trad	le/Service Mark
			Mer	ger File
			Art.	of Amend. File
			RA	Resignation
			Diss	solution / Withdrawal
			Ann	nual Report / Reinstatement
			Cer	т. Сору
			Pho	ою Сору
			Cer	rtificate of Good Standing
			Cer	rificate of Status
			Cer	rtificate of Fictitious Name
			Co	rp Record Search
			Off	ficer Search
			Fic	citious Search
0.			Fic	citious Owner Search
Signature			Ve	hicle Search
			Dr	iving Record
Requested by: Seth	10/00/10	1	UC	CC   or 3 File
	10/23/19		U0	CC 11 Search
Name	Date	Time	U(	CC 11 Retrieval
Walk-In	Will Pick Up		Co	ourier

### **COVER LETTER**

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

SUBJECT: MAX C	ONVENIENCE ENTERPRISES IN	C	
30BJEC1	(PROPOSED CORPORA	ATE NAMË – <u>MÜST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	d a check for:
S70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PPY REQUIRED
FROM: MC	OSTAK A BHUYAN Nam	e (Printed or typed)	
560	I 38TH AVE N		
		Address	
ST	PETERSBURG FL 33710		
<del></del>	City	, State & Zip	
941	-447-4211		
	Daytime '	l'elephone number	
HA	RSHA.TAS@GMAIL.COM		
	E-mail address: (to be use	d for future annual report	notification)

NOTE: Please provide the original and one copy of the articles.

#### TO WHOM IT MAY CONCERN

Date: October 23, 2019

Dear Sir/Madam

I am the owner of the dissolved entity

MAX CONVENIENCE ENTERPRISES INC

DOCUMENT NUMBER: P17000079929

I have no intention for reinstating the above Corporation

For any more information please contact me.

Thank you

Mostak A Bhuyan

941-447-4211

219 OCT 23 PH 12: 10

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

The purpose for which the corporation is organized is:  ARTICLE IV SHARES The number of shares of stock is:  100 The number of shares of stock is:	ARTICLE II PRINCIPAL OFFICE Principal street address	Mailing ad	dress, if different is:	
ARTICLE IV SHARES The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title:  Address  Name and Title:  Name and Title:	5601 38TH AVE N			
The purpose for which the corporation is organized is:  ARTICLE IV SHARES The number of shares of stock is:  Name and Title:  Address  Name and Title:	ST PETERSBURG FL 33710			
Name and Title:	ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	ALL LAWFUL BUSINES:	S.	
Name and Title:				
Name and Title: MOSTAK A BHUYAN PRESIDENT Name and Title: Table 1	The number of shares of stock is:			
Address TAMPA FL 33610  Name and Title:  Address:  Name and Title:  Name and Title:  Name and Title:  Name and Title:		Name and Title:	P Jai	
Name and Title:  Address  Address:  Name and Title:  Name and Title:  Name and Title:	7805 BALLY MONEY ROAD	Address:		
Address Address:  Name and Title:  Name and Title:	TAMPA FL 33610	<u></u>		
Name and Title: Name and Title;	Name and Title:	Name and Title:		
Name and Title:Name and Title:				
Address: Address:	Name and Title:	_ Name and Title;		
	Address	Address:	··	

Name a	and Title:	Name and Title:		
Addres	ss	Address:		
	<del>-</del>			
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable	e) of the registered agent is:		
Name:	MOSTAK BHUYAN	, and togothers again to		
Address:	5601 38TH AVE N	<del></del>		
	ST PETERSBURG FL 33710	<del></del>		
ARTICLE VII	INCORPORATOR			
The name and	address of the Incorporator is:			
Name:	MOSTAK BHUYAN			
Address:	5601 38TH AVE N			
, tudi ess.	ST PETERSBURG FL 33710	<del></del>		
ARTICLE VIII	<u>EFFECTIVE DATE:</u>			
Effective date, (If an effective filing.)	if other than the date of filing:  date is listed, the date must be specific and ca	. (OPTIONAL) nnot be more than five days prior or 90 days after the		
Note: If the da	te inserted in this block does not meet the applica	ble statutory filing requirements, this date will not be listed as		
the document's	effective date on the Department of State's recor	ds.		
Having been no this certificate,	amed as registered agent to accept service of pro I am familiar with and accept the appointment a:	cess for the above stated corporation at the place designated is registered agent and agree to act in this capacity		
M	Required Signature/Registered Agent	10/23/2019		
	Required Signature/Registered Agent	Date		
I submit this de		are true. I am aware that the false information submitted in		
M	Shung in uired Signature/Incorporator	10/23/2019		
Req	uired Signature/Incorporator	Date		