

((H20000381856 3)))

P200000085628

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000381856 3)))



H200003818563ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

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

From:

Account Name : ACCOUNTING2EASY CORP
Account Number : 120150000067
Phone : (786)487-1398
Fax Number : (305)503-9351

****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 & DIXI CORP

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

2020 NOV -3 PM 3:01

TECHNICAL
SUPPORT

2020 NOV -3 PM 1:54

((H20000381856 3)))

(((H20000381856 3)))

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: MAX & DINI CORP.**ARTICLE II PRINCIPAL OFFICE**Principal street address3209 SE 4TH STREETHOMESTEAD FL 33033

Mailing address, if different is:

3209 SE 4TH STREETHOMESTEAD FL 33033**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LEGAL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ANA M REYES PRESIDENTAddress: 3209 SE 4TH STREETHOMESTEAD, FL 33033Name and Title: JIMMY NAVARRO TREASURERAddress: 9900 N KENDALL DR APT K302MIAMI, FL 33176

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

(((H20000381856 3)))

(((H20000381856 3)))

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ANA M REYES

Address: 3209 SE 4TH STREET

HOMESTEAD FL 33033

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: ANA M REYES

Address: 3209 SE 4TH STREET

HOMESTEAD FL 33033

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 business days prior or 90 business 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	10/31/2020 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	10/31/2020 Date
--	--------------------

(((H20000381856 3)))