

3/18/2021

# P21000023063

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From:  
Account Name : ALLSTATE CORPORATE SERVICES CORP  
Account Number : I20040000031  
Phone : (800)906-9220  
Fax Number : (800)906-9880

\*\*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  
MAXMARO AUTO INC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

21 MAR 16 PM 5:03  
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Corporate Filing Menu

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MAR 17 2021

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**COVER LETTER**

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

**SUBJECT: MAXMARO AUTO 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status  
**ADDITIONAL COPY REQUIRED**

**FROM: STEVEN WEISS, ALLSTATE CORPORATE SERVICES CORP**  
Name (Printed or typed)

**2215 Hendrickson Street, Suite 1**

Address

**Brooklyn, NY 11234**

City, State &amp; Zip

**800-906-9220**

Daytime Telephone number

**FILING@ACS123.COM**

E-mail address: (to be used for future annual report notification)

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

((H21000105490 3)))

**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: MAXMARO AUTO INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1001 N FEDERAL HWY #235, HALLANDALE BEACH, FL 33009**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY LAWFUL PURPOSE**ARTICLE IV SHARES**The number of shares of stock is: 200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: MAXIM URVANTSEV, PRESIDENTAddress: 1001 N FEDERAL HWY #235  
HALLANDALE BEACH, FL 33009

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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21 MAR 16 PM 5:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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: MAXIM URVANTSEV  
Address: 1001 N FEDERAL HWY #235  
HALLANDALE BEACH, FL 33009

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: MAXIM URVANTSEV  
Address: 1001 N FEDERAL HWY #235  
HALLANDALE BEACH, FL 33009

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**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

3/16/2021

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

3/16/2021

Date