# P21000096233

(Re	equestor's Name)			
(Ac	ddress)			
(Ac	ddress)			
(Ci	ty/State/Zip/Phone #)			
PICK-UP	MAIL MAIL			
(Bu	usiness Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer.				

Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : COST LIMIT : \$ 70.00 ORDER DATE: November 11, 2021

ORDER TIME : 8:51 AM

ORDER NO. : 223066-005

CUSTOMER NO: 7545742

## DOMESTIC FILING

NAME: GESTION MAX MANAGEMENT INC.

### EFFECTIVE DATE:

XX	ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP
	ARTICLES OF ORGANIZATION
PLEASE	RETURN THE FOLLOWING AS PROOF OF FILING:
XX	CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT	PERSON: Alexxis Weiland - EXT.

EXAMINER'S INITIALS:

# **COVER LETTER**

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

SUBJECT: GESTI	ON MAX MANAGEMENT INC.		
	(PROPOSED CORPOR,	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	l a check for:
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate of Status
FROM:	itlin Delaney Nam	e (Printed or typed)	
10	East 40th Street, Suite 3310		
	-	Address	
Ne	w York, NY 11782	C 0 7'	
21:	City. 2-687-1155	. State & Zip	
		Celephone number	
cde	laney@nilsonlaw.com		
	E-mail address: (to be use	d for future annual report n	otification)

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 II PRINCIPAL OFFICE Principal street address 8829 rue Jean-Léo Rochon		Mailing ado	lress, if different is:
Mirabel, QC J7N 0J	4		
CANADA			
ARTICLE III PURI The purpose for which	the corporation is organized is: any lawful	purpose	
			20
ARTICLE IV SHAP			202 ROY 12
	AL OFFICERS AND/OR DIRECTORS le:	Name and Title:	PH 4: 14
	8829 rue Jean-Léo Rochon	Address:	-
	Mirabel, QC J7N 0J4	<del></del>	
	CANADA		
Name and Titl	Emily Ayoob, Secretary	Name and Title	
Address 10 East 40th S	10 East 40th Street, Suite 3310		
	New York, NY 10016		
		<del></del>	
Name and Title		Name and Title:	
Address		Address:	

Name ar	d Title:	Name and Title:	
Address		Address:	
		<del> </del>	
		<del></del>	
ARTICLE VI	REGISTERED AGENT  lorida street address (P.O. Box NOT acceptable) of the	ne registered agent is:	
Name:	Corporation Service Company		
Address:	1201 Hays Street		
Addiess.	Tallahassee, FL 32301		
<u>ARTICLE VII</u>	INCORPORATOR		
The name and a	ddress of the Incorporator is:		
Name:	Caitlin Delaney		
Address:	10 East 40th Street, Suite 3310		
	New York, NY 10016		
<u>ARTICLE VIII</u>	EFFECTIVE DATE:	(ODTIONAL)	
Effective date, i (If an effective filing.)	FFFECTIVE DATE:  f other than the date of filing:  date is listed, the date must be specific and cannot	be more than five days prio	r or 90 days after the
Note: If the dat	e inserted in this block does not meet the applicable seffective date on the Department of State's records.	tatutory filing requirements, t	his date will not be listed as
Having been na certificate, I am	med as registered agent to accept service of process for familiar with and accept the appointment as registere	the above stated corporation of agent and agree to act in this	at the place designated in this s capacity
			11/12/2021
<u> </u>	Required Signature/Registered Agent		Date
I submit this do document to the	ocument and affirm that the facts stated herein are t Repartment of State constitutes a third degree felony	rue. I am aware that the fals as provided for in s.817.155, i	e information submitted in a F.S.
Λ, (	),		November 11, 2021
Required Signa	ture/incorporator	Date	
-			

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