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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Add	dress:		_	 	

FLORIDA PROFIT/NON PROFIT CORPORATION MAX APPLIANCE REPAIR, INC

PLEASE PROVIDE THE ORIGINAL SUBMISSION DATE OF 5/10/22. NOTE, THAT IS NOT THE "EFFECTIVE DATE" BUT THE ORIGINAL SUBMISSION DATE

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May 11, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CAPITOL SERVICES, INC.

SUBJECT: MAX APPLIANCE REPAIR, INC.

REF: W22000060221

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 document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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

Summer Chatham Regulatory Specialist II New Filing Section FAX Aud. #: H22000167751 Letter Number: 422A00010776

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Taylor Seay

From: faxfinder@capitolservices.com
Sent: Tuesday, May 10, 2022 1:08 PM

To: Taylor Seay

Subject:FaxFinder Fax Notification: Successfully sent fax to 850-617-6381Attachments:fax_outbound_850-617-6381_20220510_120803_00005C90-0000.pdf

Create Time: 05/10/2022 12:05:31 PM Schedule Time: 05/10/2022 12:08:03 PM

State: sent

Schedule Message: Successfully sent fax

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Try #: 1

Username: admin

Sender name: Taylor Seay

Sender email: tseay@capitolservices.com

Sender phone: 855-498-5500 Sender fax: 800-432-3622 Sender org: Capitol Services, Inc.

Subject: Max tries: 5 Try interval: 600 Priority: 3 Pages: 5

Recipient fax: 850-617-6381

Recipient phone:
Recipient name:
Recipient org: FL SOS
Use cover page: true
Receipt: always
Print receipt: never
Print receipt printer:
Print receipt first page: false

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H22000167751 3

COVER LETTER

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

SUBJECT: MA	X APPLIANCE REPAIR, INC				
SOBSECT,	(PROPOSED CORPORAT	TE NAME – MUST INCLU	DE SUPPLY)	_	
Enclosed are an	original and one (1) copy of the artic	cles of incorporation and	a check for:		
□ \$70.0 Filing Fo		□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM:	MAKSIM GRINVALD Name	(Printed or typed)			
	1546 FARROW CRES				
	A	ddress			
	INNISFIL, ON L9S 0L6				
	City, S	State & Zip			
	1-647-767-9767			202	
		elephone number		(*) 	
	info@taxonweb.ca			·<	- : .
	E-mail address: (to be used	for future annual report no	otification)	 	<u>:n</u>
	NOTE: Please provide the or	iginal and one copy of	the articles.	PM 6: 20	D

H220001677513

DocuSign Envelope ID: C61CFE25-1539-41C9-8C34-D067401E1CAE

ARTICLES OF INCORPORATION

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

KIIGLEII <u>PKI</u>	NCIPAL OFFICE Principal street address	Ма	iling address, if different is:
1546 FARROW	CRES, INNISFIL,	ONTARIO, O	CANADA L9S 0L6
IRTICLE III PUR The purpose for which	RPOSE the corporation is organized is:		<u> </u>
			20172 H
			<u></u>
			===
ARTICLE IV SHA	4RES of stock is: 100		6: 20 14/6 14/6
			¥**
IRTICLE V INT	TIAL OFFICERS AND/OR DIRECTORS		
	TIAL OFFICERS AND/OR DIRECTORS "itle: MAKSIM GRINVALD	Name and Title:	YULIA KRIVORUK
		•	YULIA KRIVORUK VICE PRESIDENT
	itle: MAKSIM GRINVALD	•	
Name and T	MAKSIM GRINVALD PRESIDENT	Name and Title:	VICE PRESIDENT
Name and T Address:	PRESIDENT 1546 FARROW CRES	Name and Title: Address:	VICE PRESIDENT 1546 FARROW CRES INNISFIL, ON L9S 0L6
Name and T Address:	PRESIDENT 1546 FARROW CRES INNISTIL, ON L9S 0L6	Name and Title: Address: Name and Title:	VICE PRESIDENT 1546 FARROW CRES INNISFIL, ON L9S 0L6
Name and T Address: Name and Ti	PRESIDENT 1546 FARROW CRES INNISFIL, ON L98 0L6	Name and Title: Address: Name and Title:	VICE PRESIDENT 1546 FARROW CRES INNISFIL, ON L9S 0L6
Name and T Address: Name and Ti Address	MAKSIM GRINVALD PRESIDENT 1546 FARROW CRES INNISFIL, ON L9S 0L6	Name and Title: Address: Name and Title: Address: Address:	VICE PRESIDENT 1546 FARROW CRES INNISFIL, ON L9S 0L6
Name and T Address: Name and Ti Address	PRESIDENT 1546 FARROW CRES INNISFIL, ON L98 0L6	Name and Title: Address: Name and Title: Address: Name and Title: Name and Title:	VICE PRESIDENT 1546 FARROW CRES INNISFIL, ON L9S 0L6

· . . Taylor Seay 8004323622

Name an	d Title:	Name and Title:
Address		
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptal	le) of the projetered arount in
Name:	Capitol Corporate Services, Inc.	
Address:	515 E Park Ave. Floor 2	202
Autos.	Tallahassee, FL 32301	2022 HāY 1.1
		
ARTICLE VII	INCORPORATOR	
Tho name and a	ddress of the Incorporator is:	PH 6:
Name:	MAKSIM GRINVALD	M 6: 20
Address:	1546 FARROW CRES	
	INNISFIL, ON L9S 0L6	
ADDICE B LOW	E ELLECTOR IN A MINI	
Effective date, if	EFFECTIVE DATE: Other than the date of filing:	(OPTIONAL)
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certificate, I am j	familiar with and accept the appointment as re	cess for the above stated corporation at the place designated gistered agent and agree to act in this capacity
	Taylor Seay, Asst. of Capitol Corpora	
	Required Signature/Registered Agen	
	cument and affirm that the facts stated benef	are true. I am aware that the false information submitts
I submit this do document to the	Department of State constitutes a third degree	felony as provided for in 2817.155. F.S.