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(Requestor's Name)		
(Address)		
(Add	ress)	
(City)	/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nam	e)
(Document Number)		
Certified Copies	Certificates	of Status
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CAPITAL CONNECTION, INC.

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

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INTELLIMAX CO	NSULTING CO	ORP	
	<u>. </u>		
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art, of Amend, File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search 2
			Vehicle Search
Degranted b			Driving Record
Requested by: SETH	07/22/22		UCC 1 or 3 File
Name	Date	Time	UCC 11 Search
Walk-In	Will Pick Up		Courier

COVER LETTER

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

SUBJECT:	IntelliMax	Consultin	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCE</u>	PDE 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	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
. <u>-</u>	954-270-950 Dayle, FC	Address 33328 , State & Zip Celephone number	1
	nouxids gold lærg e	yanoo. (W)	

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

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

22 JUL 22 NH 10: 48

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

ARTICLE I NAME: The name of the corporation	n shall be: IntelliMax &	Consultina	Corp
ARTICLE II PRINCIF		•	ddress, if different is:
Davie, FC 3			
ARTICLE III PURPOS The purpose for which the	E corporation is organized is:	Hanional alippy	getten
	·		
•			
<u> </u>			
			·
	ock is: 1000 OFFICERS ANDVOR DIRECTORS HOWAND COLD MAY, PUBLO	let Name and Title:	
	141 Southern Orchard Rd,		
	Davie, FL 33328	<u> </u>	
<u>-</u>	1,	<u>. </u>	
Name and Title:		Name and Title:	
Address		Address:	
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Name and Title:	<u> </u>	Name and Title:	
Address		Address:	<u> </u>
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			€ 33

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: Howard Goldberg	•
Address: 914/ Southern Orchard Rd, No.	th
Davie, Fe 33328	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Name: Howald Goldberg	
Address: 9141 Southern Orchard Rd	1, North
Davie, FL 33328	•
ARTICLE VIII EFFECTIVE DATE:	
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot	(OPTIONAL)
filing.)	be more than live days prior or 90 days after the
Note: If the date inserted in this block does not meet the applicable s the document's effective date on the Department of State's records.	tatutory filing requirements, this date will not be listed as
Having been named as registered agent to accept service of process for certificate, I am familiar with and accept the appointment as registered	the above stated corporation at the place designated in this dagent and agree to act in this capacity
. the lin	7/22/22
Required Signature/Registered Agent	Date
I submit this document and affirm that the facts stated herein are to document to the Department of State constitutes a third degree selony	rue. I am aware that the false information submitted in a as provided for in s.817.155, F.S.
tell Un	7/22/22
Required Signature Incorporator	Date - TICLICC

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