

P22000071923

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

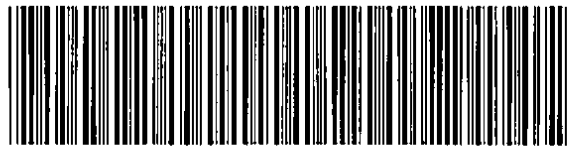
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900394656059

S. CHATHAM
SEP 19 2022

09/19/22 --01003 --008 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2022 SEP 16 PM 4:10
22 SEP 16 PM 3:36
FLORIDA

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 9/16 DANNY

XX CERTIFIED COPY

PHOTOCOPY

CUS

XX FILING

INC

1. **MAXLIFE INSURANCE AND INVESTMENTS INC.**

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

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: MaxLife Insurance and Investments Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

7001 NW 20th Ct.
Sunrise, FL 33313

Mailing address, if different is:

7001 NW 20th Ct.
Sunrise, FL 33313

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Insurance and Investments

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 SEP 16 PM 3:36

ARTICLE IV SHARES

The number of shares of stock is: 1,500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joel Ambrose, Director

Address: 7001 NW 20th Ct.
Sunrise, FL 33313

Name and Title: Janelle Ambrose, Director

Address: 7001 NW 20th Ct.
Sunrise, FL 33313

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: Registered Agents Inc.
Address: 7901 4th St. N, Ste 300
St. Petersburg, FL 33702

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Amanda J. Beren
Address: 31416 Agoura Rd. Ste. 118
Westlake Village, CA 91361

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
22 SEP 16 PM 3:36

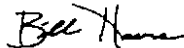
ARTICLE VIII EFFECTIVE DATE:

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

9/16/2022

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

9/16/2022

Date