

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

From:
Account Name : HUBCO
Account Number : 104662003400
Phone : (516)813-1184
Fax Number : (516)935-3088

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

Email Address: cpa@nytaxstrategies.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
MAXIMUM ENTERPRISE VALUE USA, INC.**

Certificate of Status	1
Certified Copy	0
Page Count	03
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1/31/24

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SECRET
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: MAXIMUM ENTERPRISE VALUE USA, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address
8805 TAMIAMI TRAIL NORTH, #305
NAPLES, FL 34108Mailing address, if different is:

_____**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: CONSULTING

_____**ARTICLE IV SHARES**The number of shares of stock is: 1,500 at No Par Value**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: JONATHAN O'DONNELL - President/DirectorAddress 8805 TAMIAMI TRAIL NORTH, #305
NAPLES, FL 34108

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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Address _____

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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: JONATHAN O'DONNELL

Address: 8805 TAMiami TRAIL NORTH, #305
NAPLES, FL 34108**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: JONATHAN O'DONNELL

Address: 8805 TAMiami TRAIL NORTH, #305
NAPLES, FL 34108**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 JONATHAN O'DONNELL

January 22, 2024

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 JONATHAN O'DONNELL

January 22, 2024

Date

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