

P24000028207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

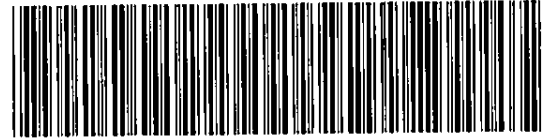
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



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FILED
2024 APR 23 PM 2:49
TALLAHASSEE, FLORIDA

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MS

CAPITAL CONNECTION, INC.

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

Maxon Properties Inc.

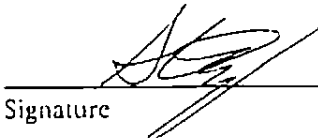
Please Debit FCA000000003 For: 70

Thank you Seth Neeley



- ___ 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 _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____

11/13/03



Signature

Requested by:

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

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: Maxon Properties Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address: 111 Overseas Hwy Mailing address, if different is:
Key West, FL 33040

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Real estate

ARTICLE IV SHARES

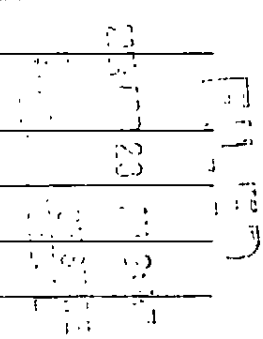
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

| | | | |
|-----------------|------------------------------|-----------------|----------------------------------|
| Name and Title: | <u>Stephen Faraldo - CFO</u> | Name and Title: | <u>Roman Faraldo - President</u> |
| Address: | <u>111 Overseas Hwy</u> | Address: | <u>111 Overseas Hwy</u> |
| | <u>Key West, FL 33040</u> | | <u>Key West, FL 33040</u> |

| | | | |
|-----------------|-------|-----------------|-------|
| Name and Title: | _____ | Name and Title: | _____ |
| Address: | _____ | Address: | _____ |
| | _____ | | _____ |

| | | | |
|-----------------|-------|-----------------|-------|
| Name and Title: | _____ | Name and Title: | _____ |
| Address: | _____ | Address: | _____ |
| | _____ | | _____ |



 A notary seal is visible on the right side of the page, partially overlapping the signature lines. The seal includes the text "NOTARY PUBLIC" and "STATE OF FLORIDA". A signature is written over the seal.

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: Gregory S. Oropeza, Esq.
 Address: 221 Simonton St
Key West, FL 33040

ARTICLE VII INCORPORATOR

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

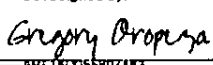
Name: Stephen Faraldo
 Address: 111 Overseas Hwy
Key West, FL 33040

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.)

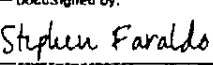
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

DocuSigned by:


ABF1ED055807483 Required Signature/Registered Agent Date 4/22/2024

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.

DocuSigned by:


 Required Signature/Incorporator Date 4/22/2024