

P7400033781

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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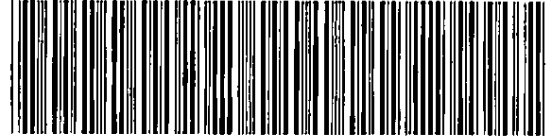
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 MAY 20 AM 9:47
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TALLAHASSEE, FL
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TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: MAD MAX CONCRETE DELIVERY INC

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
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ADDITIONAL COPY REQUIRED

FROM: DHANESHWAR DEONARINE

Name (Printed or typed)

12940 GROVEHURST AVE

Address

WINTER GARDEN, FL 34787

City, State & Zip

321-689-8371

Daytime Telephone number

dand689@gmail.com

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

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

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TALLAHASSEE, FL
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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: MAD MAX CONCRETE DELIVERY INC

ARTICLE II PRINCIPAL OFFICE

Mailing address, if different is:

Principal street address
6731 EDGEWATER DR, ORLANDO, FL 32810

12940 GROVEHURST AVE
WINTER GARDEN, FL 34787

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CONCRETE DELIVERY

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DHANESHWAR DEONARINE Name and Title: PRESIDENT

Address 12940 GROVEHURST AVE

WINTER GARDEN, FL 34787 Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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HILTI MASSACHUSETTS

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: DHANESHWAR DEONARINE

Address: 12940 GROVEHURST AVE

WINTER GARDEN, FL 34787

ARTICLE VII INCORPORATOR

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

Name: DHANESHWAR DEONARINE

Address: 12940 GROVEHURST AVE

WINTER GARDEN, FL 34787

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

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

Date

5/20/24

Please add EIN# 99-3095087

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