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Florida Department of State
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Division of Corporations
Fax Number : (850) 922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

FLORIDA PROFIT CORPORATION OR P.A.

~~XTREME AUTO SALE CORPORATION~~

XTREME WHOLESALE CORPORATION.

Certificate of Status	0
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Page Count	03
Estimated Charge	\$78.75

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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 17, 2000

FAS-T

SUBJECT: XTREME AUTO SALE CORPORATION
REF: W00000012713

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

ARTICLE V THE PRESIDENTS FIRST NAME IS SPELLED DIFFERENT.

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Neysa Culligan
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FAX Aud. #: H00000026861
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Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF INCORPORATION

OF

XTREME WHOLESALE CORPORATION.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: XTREME WHOLESALE CORPORATION.

The principal place of business of this corporation shall be:

5214-A N.W 35th Ave., Miami FL 33142

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any of all lawful activities of business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is 500 @ 1.00 authorized to have outstanding at any one time is: FIVE HUNDRED @ \$1.00 (ONE DOLLAR)

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

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ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and directors(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

AMAURY E. HIDALGO, PRESIDENT
5214-A N.W 35th Avenue.,
Miami FL 33142

LAZARO M. MILIAN, VICE-PRESIDENT
5214-A N.W 35th Ave.,
Miami FL 33142

ARTICLE VI INCORPORATOR(S)

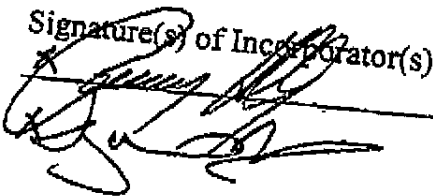
The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

AMAURY E. HIDALGO
5214-A N.W 35th Ave.,
Miami FL 33142

LAZARO M. MILIAN
5214-A N.W 35th Ave.,
Miami FL 33142

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 12 day of May, 2000

Signature(s) of Incorporator(s)



**CERTIFICATE DESIGNATING
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325 Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: _____

XTREME WHOLESALE CORPORATION.

2. The name and address of the registered agent and office is: _____

AMAURY E. HIDALGO

5214-A N.W 35th Avenue

(P.O. BOX NOT ACCEPTABLE)

Miami FL 33142

(CITY/STATE/ZIP)

SIGNATURE _____

(Corporate Officer)

TITLE President

DATE May 12, 2000

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE _____

(Registered Agent)

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