

P08000004962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

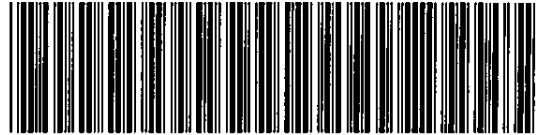
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900114774129

01/14/08--01042--011 \*\*78.75

FILED  
08 JAN 14 PM 2:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
1/15

**COVER LETTER**

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

**SUBJECT:** Extreme 3v3, 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 Filing Fee
- \$78.75 Filing Fee & Certificate of Status

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

**FROM:** Jeff Geier  
Name (Printed or typed)

2100 N Pointe Alexis Dr  
Address

Tarpon Springs, FL 34689  
City, State & Zip

727-692-8641  
Daytime Telephone number

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

**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:

**Extreme 3v3, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

121 East Lime Street, Tarpon Springs, Florida, 34689

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Soccer tournaments

**ARTICLE IV SHARES**

The number of shares of stock is:

**100**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

Jeff Geier, President  
2100 N. Pointe Alexis  
Tarpon Springs, FL 34689

Frank Skryd, Vice President  
5550 Oakridge Drive  
Palm Harbor, FL 34685

**FILED**  
**08 JAN 14 PM 2:42**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**FILED**

08 JAN 14 PM 2:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Jeff Geier  
121 East Lime Street  
Tarpon Springs, FL 34689

**ARTICLE VII INCORPORATOR**

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

Frank Skryd  
5550 Oakridge Drive  
Palm Harbor, FL 34685

\*\*\*\*\*

*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*

*Jeff Geier*

\_\_\_\_\_  
Signature/Registered Agent

*[Handwritten Signature]*

\_\_\_\_\_  
Signature/Incorporator

1/6/08

\_\_\_\_\_  
Date

1/8/07

\_\_\_\_\_  
Date