

P16000066911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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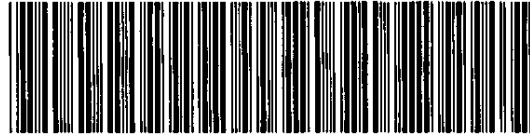
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/4

COVER LETTER

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

SUBJECT: XTREME PROFESSIONALS, 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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Jorge Alberto Vargas

Name (Printed or typed)

2533 SW 148 CT

Address

Miami, FL 33185

City, State & Zip

305-778-7342

Daytime Telephone number

jvmiami714@gmail.com

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

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)

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ARTICLE I NAME

The name of the corporation shall be: XTREME PROFESSIONALS, INC.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:
ALLA BASSIE, FLORIDA

2533 SW 148 CT

2533 SW 148 CT

MIAMI, FL 33185

MIAMI, FL 33185

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: FOR ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JORGE ALBERTO VARGAS

Name and Title: PRAKASH REDDY PANNALA

Address 2533 SW 148 CT

Address: 2533 SW 148 CT

MIAMI, FL 33185

MIAMI, FL 33185

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: JORGE ALBERTO VARGAS

Address: 2533 SW 148 CT

MIAMI, FL 33185

ARTICLE VII INCORPORATOR

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

Name: JORGE ALBERTO VARGAS

Address: 2533 SW 148 CT

MIAMI, FL

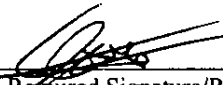
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: AUGUST 1, 2016. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business 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.

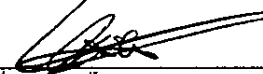
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

8/1/2016

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

8/1/2016

Date