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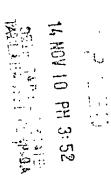
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Office Use Only



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WA-12081

COVER LETTER

79

	COVER	LETTER	
TO: New Filing Section Division of Corpor			
SUBJECT: EXTRE	ME SERVICE	S, INC.	
· ·		tion - must include suffix	
Dear Sir or Madam:			
	or "Certificate of Good !	for Authorization to Transa Standing" and check are sub siness in Florida.	
Please return all correspon	dence concerning this ma	atter to the following:	
Erica Youngern	nan, Esq.		
	Name	of Person	
Kirschenbaum 8	& Kirschenbau	m, P.C.	
	Firm/C	Company	
200 Garden City	y Plaza, Suite :	500	
	A	ddress	
Garden City, N	<u>/ 11530</u>		
		te and Zip code	
yvonnehholt@gm			
	E-mail address: (to be us	ed for future annual report	notification)
For further information cor	ncerning this matter, plea	se call:	
Erica Youngerm	an. Esg516	747-6700 e	kt 308
Name of Person	at (<u> </u>	747-6700 ex rea Code & Daytime Teleph	one Number
•	,		•
STREET/COUR! New Filing Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	i ations nter Circle	MAILING A New Filing So Division of Co P.O. Box 632 Tallahassee, F	ection prporations 7
Enclosed is a check for the	following amount:		
■ \$70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 10, 2014

ERICA YOUNGERMAN 200 GARDEN CITY PLAZA STE 500 GARDEN CITY, NY 11530

SUBJECT: EXTREME SERVICES, INC.

Ref. Number: W14000062081

We have received your document for EXTREME SERVICES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason Regulatory Specialist II

Letter Number: 214A00021799

RECEIVED

SECRETARY DE STATE
A

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"		
77.			<u> </u>	
Doloworo	ible in Florida, enter alternate corporate name a	dopted for the purpose of transacting by	isiness in Flo	orida)
£		(FEI number, if applic	-1-1-)	
00/02/20	00/02/2014		able)	
9 5		(Duration: Year corp. will cease to exi	st or "perpet	ual")
6		•	• •	•
, 112 SE 20	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150) 5th Street, Old Town, FL	02, F.S., to determine penalty liability)		
(Principal office address)			T. ==	
PO Box 56, Old Town, FL 32680				22
(Current mailing address)		ess)	ر بدور پيرد بدور	
8. Name and stree	t address of Florida registered agent: (P.O	. Box NOT acceptable)	15.5 15.5 15.5	J 0
Name:	Registered Agent Solutions, I	nc.	, .	PH 3:
Office Address:	155 Office Plaza Dr. Suite	A		52
Office Madress.	Tallahassee	, Florida 32301	, goa	
	(City)	(Zip code)		

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS	
Chairman: Thomas Holt	
Address: PO Box 56, Old Town, FL 32680	
Vice Chairman: Thomas Holt	
Address: PO Box 56, Old Town, FL 32680	
Director: Thomas Holt	
Address: PO Box 56, Old Town, FL 32680	
Audicss.	
Director:	
Address:	
B. OFFICERS	71m -
President: Thomas Holt	3
PO Box 56, Old Town, FL 32680	
	,
Vice President: Thomas Holt	<u> </u>
Address: PO Box 56, Old Town, FL 32680	5. S
Address.	3.6
Secretary: Thomas Holt	
Address: PO Box 56, Old Town, FL 32680	
Treasurer: Thomas Holt	
Address: PO Box 56, Old Town, FL 32680	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and	or directors.
12. Hours & Saft	
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the are true and that he or she is aware that false information submitted in a document to the Departmen a third degree felony as provided for in s.817.155. F.S.	
13. Thomas H. Hott	

(Typed or printed name and capacity of person signing application)



PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EXTREME SERVICES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF SEPTEMBER, A.D. 2014.

14 NOV 10 FM 3: 52

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141186796

AUTHENTY CATION: 1703574

DATE: 09-17-14

You may verify this certificate onli