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Tc:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)962-3889

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FOREIGN PROFIT/NONPROFIT CORPORATION Xtreme Angles Inc.

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COVER L'ETTER

TO: Registration Section Division of Corporations	r
SUBJECT: Xireme Angles Inc.	•
	ation - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporati "Certificate of Existence," or "Certificate of Goo above referenced foreign corporation to transact	for Authorization to Transact Business in Florida," Standing" and check are submitted to register the siness in Florida.
Please return all correspondence concerning this	atter to the following:
Cheyenne Moseley	·
Na	e of Person
Legalzoom.com, inc.	
Fin	Сотралу
101 N Brand Blvd 11th Fl	
	ddress
Glendale, CA 91203	
City/	ite and Zip code
cbennett@xtremeanglesine.com	
E-mail address: (to be	sed for future annual report notification)
For further information concerning this matter, p	sse call:
Cheyenne Moseley at (773-0888
	Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPART: \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	ENT OF STATE \$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certified Copy Certified Copy

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. Xtreme Angles Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) South Carolina (State or country under the law of which it is incorporated) (FEI number, if applicable) 01/27/2020 (Date of incorporation) (Date of duration, if other than perpetual) 02/01/2020 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 314 Crowfield Dr., Liberty, South Carolina 29657 (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) United States Corporation Agents, Inc. Name: 5575 S. Semoran Blvd., Suite 36 Office Address: Orlando

9. Registered agent's acceptance:

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.

<u> </u>	CHEYENNE MOSELEY, ASSISTANT SECRETARY UNITED STATES CORPORATION AGENTS, INC.
(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.

A. DIRECTORS Christopher M Bennett □ Chairman □Chairman 314 Crowfield Dr. ☐ Vice Chairman Address: ☐ Vice Chairman Address: South Carolina 29657 ■ Director □ Director President ☐President ☐ Vice President □ Vice President Secretary Treasurer □ Secretary ☐ Treasurer □Other _____ Other ____ □Other _____ ☐ Other _____ Chairman Name: □ Chairman Name: □Vice Chairman Address: ☐ Vice Chairman Address: □ Director □Director □ President □President □Vice President _ ☐ Vice President Secretary ☐Treasurer □ Secretary [] Treasurer □Other _____ □Other _____ □Other ____ □Other _____ Name: □ Chairman Name: _____ □Chairman □Vice Chairman Address: ☐ Vice Chairman Address: □Director □Director □President □ President ☐ Vice President □Vice President ☐ Secretary ☐Træsurer □ Secretary ☐Treasurer □Other _____ □ Other Other _____ □Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

Signature of Director or Officer

Christopher M Bennett, President

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Xtreme Angles Inc., a corporation duly organized under the laws of the State of South Carolina on January 27th, 2020, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the corporation that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-14-210, and that the corporation has not filed articles of dissolution as of the date hereof.

> Given under my Hand and the Great Seal of the State of South Carolina this 20th day of July; 2020