

N14000010606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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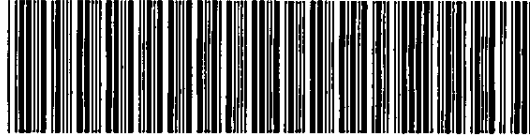
(Business Entity Name)

(Document Number)

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APPROVED
AND
FILED

14 NOV 17 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/17

COVER LETTER

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

SUBJECT: X-TRA TRAINING INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Ethel Smith
Name (Printed or typed)

728 East Valencia Street
Address

Lakeland, Florida 33805
City, State & Zip

(863) 660-8675
Daytime Telephone number

ethel.j.smith@yahoo.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 617, F.S., (Not for Profit)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: X-TRA TRAINING INC.

14 NOV 17 PM 4:40

ARTICLE II PRINCIPAL OFFICE

Principal street address:

728 East Valencia Street

Lakeland, Florida 33805

SECRETARY OF STATE
MAILING ADDRESS, IF DIFFERENT (SEE, FLORIDA)

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To introduce adults that have experienced challenges in life to affordable short-term educational programs. These programs was designed to help a person become marketable, self-sufficient and a productive citizen. We also teach Professional Development classes to gradually introduce the person back into society.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: based on qualifications, service professional, understands mission, resourceful, strong values and personal integrity.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ethel Smith, President Name and Title: Angel Smith

Address: 728 East Valencia St. Address: 1633 Liberty Ln
Lakeland, FL 33805 Waconia, MN 55387

Name and Title: Aerial Hill Name and Title: Allison Parker

Address: 721 Lamp Post Ln Address: P.O. Box 507
Lakeland, FL 33809 Thonotosassa, FL 33592

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

APPROVED
AND
FILED

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

14 NOV 17 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Ethel Smith
Address: 728 East Valencia St.
Lakeland, FL 33805

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ethel Smith
Address: 728 East Valencia St.
Lakeland, FL 33805

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

Ethel Smith 11/15/14
Required Signature of Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Ethel Smith 11/15/14
Required Signature of Incorporator Date