

P0000074020  
TRANSMITTAL LETTER

FILED

00 JUL 31 PM 3:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

400003341244--2  
-07/31/00--01140--014  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT:

XTRA Activities, Incorporated

(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 of  
Status

ADDITIONAL COPY REQUIRED

FROM:

Sabra Millis

Name (Printed or typed)

16212 SW 92 AVE

Address

MIAMI, FL. 33157

City, State & Zip

(305) 613-8381

Daytime Telephone number

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

14/8/01

# 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:

*XTRA Activities, Incorporated*

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## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

*16212 SW 92 AVE  
MIAMI, FL. 33157*

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*The purpose of this Corporation is to conduct any  
and all lawful business.*

## ARTICLE IV SHARES

The number of shares of stock is:

*100 shares*

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

*Sabra A. Millis  
16212 SW 92 AVE  
MIAMI, FL. 33157*

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

*Sabra A. Millis  
16212 SW 92 AVE  
MIAMI, FL. 33157*

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Sabra A. Millis  
16212 SW 92 AVE  
MIAMI, FL. 33157*

\*\*\*\*\*  
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

*Sabra A. Millis*  
\_\_\_\_\_  
Signature/Registered Agent

*July 5, 2000*  
\_\_\_\_\_  
Date

*Sabra A. Millis*  
\_\_\_\_\_  
Signature/Incorporator

*July 5, 2000*  
\_\_\_\_\_  
Date