

TRANSMITTAL LETTER

Pol000083068

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

000004542270--6  
-08/20/01--01088--014  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: Extreme Supplements, 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 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: Anthony Schell  
Name (Printed or typed)

5139 Elpine Way  
Address

Palm Beach Gardens, FL 33418  
City, State & Zip

(561) 309-3956  
Daytime Telephone number

FILED  
01 AUG 20 PM 2:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

8/8/02

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

Extreme Supplements, Inc.

**ARTICLE II PRINCIPAL OFFICE**

5139 Elpine Way  
Palm Beach Gardens, FL 33418

**ARTICLE III SHARES**

10,000

**ARTICLE IV REGISTERED AGENT**

Anthony Schell  
5139 Elpine Way  
Palm Beach Gardens, FL 33418

**ARTICLE V INCORPORATOR**

Anthony Schell  
5139 Elpine Way  
Palm Beach Gardens, FL 33418

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*\*\*\*\*  
*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.*

Anthony Schell

Signature/Registered Agent

Anthony Schell

Signature/Incorporator

8-16-01

Date

8-16-01

Date