E08000699

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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SECRETARY OF STATE
SECRETARY OF STATE

15/20/63

TRANSMITTAL LETTER

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

SUBJECT:	EXTRA PICK INC		ve liv	
Enclosed is an origin	(PROPOSED CORPORATE NAI		·	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM				
	Barbara Name (Printe	Gurvitz d or typed)		
	535 107 th 4	Ave. North		
	Naples, Flo	orida 34108	·· =	
	1-239-2	292-5244		

Daytime Telephone number

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: EXTRA PICK INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 535 107th Ave. North Naples, Florida 34108

ARTICLE III PURPOSE

The purpose which this corporation is organized is: Retail Sales

ARTICLE IV SHARES

The number of shares of stock is: THIRTY FIVE (35)

ARTICLE V INITIAL OFFICERS/DIRECTORS (OPTIONAL)

The name(s) address(es) and title(s) is:

ARTICLE VI REGISTERED AGENT

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

535 107th Ave. North Naples, FI 34108

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: Barbara Gurvitz 535 107th Ave North Naples, Florida 34108

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

Signature/Registered Agent

07/23/03
Date
07/23/03
Date

Signature/Incorporator