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Division of Corporations Public Access System

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Division of Corporations.

Fax Number : (850) 205-0381

Account Name

: INCORPORATETIME.COM, INC.

Account Number : I19990000221 Phone

: (631)224-3004

Fax Number

: (631)589-2848

FLORIDA PROFIT CORPORATION OR P.A.

XTREME ACCOUNTING, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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ARTICLES OF INCORPORATION

THE UNDERSIGNED INCORPORATION FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE 1 NAME

THE NAME OF THE CORPORATION SHALL BE:

XTREME ACCOUNTING, INC.

ARTICLE IL -PRINCIPAL OFFICE

The principal place of business & mailing address of this corporation shall be

15809 SW 147 STREET MIAMI, FL 33196

ARTICLE III -SHARES

The number of shares of stock that this corporation is authorized to have at any one time is:

2000 shares at \$.01 par value

ARTICLE IV -INITIAL OFFICERS/DIRECTORS:

Treasurer:

JESUS RAMOS

PO BOX 771467, MIAMI, FL 33177

Secretary:

DIAHANN RAMOS

15809 SW 147 STREET, MIAMI, FL 33196

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SECRETARY OF STATE
TALL MINSSEE FLORICA

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Director:

DIAHANN RAMOS

15809 SW 147 STREET, MIAMI, FL 33196

Director:

JESUS RAMOS

PO BOX 771487, MIAMI, FL 33177

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OF FEB 19 PM 2: OF
SEVERAL SECTIONS.

ARTICLE V -INITIAL REGISTERED AGENT AND STREET ADDRESS.

The name and Florida streat address of the initial registered agent are:

Diahann Ramos 15809 SW 147 STREET Miami, FL 33196

ARTICLE VI-INCORPORATOR:

The name and address of the incorporator to these Articles of Incorporation are:

Kerry Walsh IncorporateTime.com, Inc. 35-37 Carleton Avenue, Suite 200 Islip Terrace, NY 11752

Kerry Walsh, Incorporator

Date

Having been named registered agent and to accept service of process for the above stated corporation as the place designated in this certificate 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 relating to the proper end complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

DIAHANN RAMOS, Registered Agent

Date

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