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# TRANSMITTAL LETTER

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

SUBJECT: UNDE	R EXTREME PRESSURE, INC.			
	(PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an original	ginal and one (1) copy of the artic	cles of incorporation and	a check for:	
\$70.00 Filing Fee	•	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM. DO	ONNA SACCO			
Name (Printed or typed)				
	1111 NW 99 TERRACEA	ddress		
	PEMBROKE PINES, FL 33024	State & Zip		
	954-680-4818	State & Lip		
		elephone number	<del>,</del>	

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

# 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:

UNDER EXTREME PRESSURE, INC.

### PRINCIPAL OFFICE ARTICLE II

The principal place of business/mailing address is: 10501 SW 52 STREET COOPER CITY, FL 33328

# ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

### ARTICLE IV SHARES

The number of shares of stock is: 1000 (ONE THOUSAND ) SHARES

# INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

JEFFREY KIRK HARN - PRESIDENT, VP, OFFICER, DIRECTOR 10501 SW 52 STREET COOPER CITY, FL. 33328

### ARTICLE VI REGISTERED AGENT

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

JEFFREY KIRK HARN 10501 SW 52 STREET COOPER CITY, FL 33328

## ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

DONNA SACCO 1111 NW 99 TERRACE PEMBROKE PINES, FL 33024

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in th
certificate, I am familier with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

9/12/05 Date 9/12/05

Signature/Incorporator