

P06000086091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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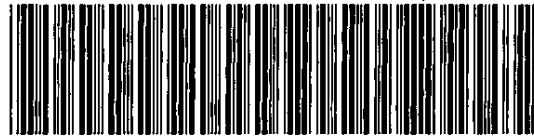
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
06 JUN 26 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pa

COVER LETTER

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

SUBJECT: _____

Xtreme CUT III, Corp
(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: _____

Hector Lois Garcia

Name (Printed or typed)

14819 SW 82 ST

Address

Miami FL 33193

City, State & Zip

(786-271-6778) - (305 227 7881)

Daytime Telephone number

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:

Xtreme cut III, Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

13917 SW 66 ST
Miami FL 33183

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Beauty Salon

ARTICLE IV SHARES

The number of shares of stock is:

10 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Jackeline C. Leon president
14819 SW 82 ST
Miami FL 33193

ARTICLE VI REGISTERED AGENT

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

Jackeline C. Leon
14819 SW 82 ST
Miami FL 33193

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jackeline C. Leon
14819 SW 82 ST
Miami FL 33193

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

Signature/Incorporator

Date

Date

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TALLAHASSEE, FLORIDA

06 - 22 - 06

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