

P07000060177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

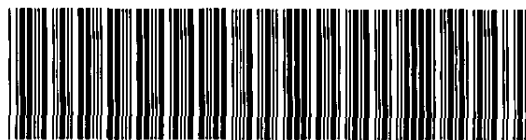
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2007 MAY 21 PM 3:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED MAY 21 2007

## COVER LETTER

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

SUBJECT: HEALTHWORLD X-TREME, 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: KEVIN S KEY

Name (Printed or typed)

1013 W 15TH ST. BLDG B    MAIL: 604 FLIGHT AVE

Address

PANAMA CITY, FL 3401    MAIL: PANAMA CITY, FL 32404

City, State & Zip

(850) 784-1608

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:

HEALTHWORLD X-TREME, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1518 BOB LOFTIN ROAD  
PANAMA CITY, FL 32405

## 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:

100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

KEVIN S KEY, PRESIDENT  
1518 BOB LOFTIN ROAD  
PANAMA CITY, FL 32405

WENDI A KEY, VICE-PRESIDENT  
1518 BOB LOFTIN ROAD  
PANAMA CITY, FL 32405

## ARTICLE VI REGISTERED AGENT

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

KEVIN S KEY  
1518 BOB LOFTIN ROAD  
PANAMA CITY, FL 32405

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

KEVIN S KEY  
1518 BOB LOFTIN ROAD  
PANAMA CITY, FL 32405

\*\*\*\*\*

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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