

PD9000017698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

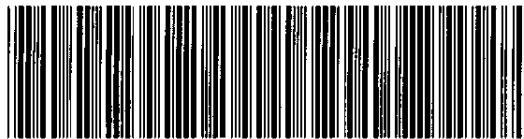
(Business Entity Name)

(Document Number)

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02/13/09--01015--015 \*\*78.75

FILED  
09 FEB 24 PM 2:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. McKnight FEB 25 2009

W09-7413

## COVER LETTER

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

**SUBJECT:** Xtreme Home Services 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:** Michael Moyer

Name (Printed or typed)

4205 NE 21st. Ave. #5

Address

Fort lauderdale, Florida 33308

City, State & Zip

(954) 592-3818

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 16, 2009

MICHAEL MOYER  
4205 NE 21ST AVE #5  
FORT LAUDERDALE, FL 33308

SUBJECT: HOME SERVICES OF AMERICA INC.  
Ref. Number: W09000007413

We have received your document for HOME SERVICES OF AMERICA INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight  
Regulatory Specialist II  
New Filing Section

Letter Number: 209A00005427

FILED  
09 FEB 24 PM 2:30  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

## 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 home services Inc.

### **ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

4205 NE 21st. Ave. #5  
Fort lauderdale, Florida 33308

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Home maintenance

### **ARTICLE IV SHARES**

The number of shares of stock is:

one thousand(1,000)The par value of each share is one dollar(\$1)

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Michael Moyer President  
4205 NE 21st. Ave. #5  
Fort lauderdale, Florida 33308

### **ARTICLE VI REGISTERED AGENT**

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

Michael Moyer  
4205 NE 21st. Ave. #5  
Fort lauderdale, Florida 33308


### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


Michael Moyer  
4205 NE 21st. Ave. #5  
Fort lauderdale, Florida 33308

\*\*\*\*\*

*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

2/10/09  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

2/10/09  
\_\_\_\_\_  
Date