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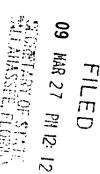
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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# **COVER LETTER**

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

SUBJECT: Xtrer	ne Repair Services, Inc.			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCI</u>	LUDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	l a check for:	
\$70.00	<b>☑</b> \$78.75	□ \$78.75	\$87.50	
Filing Fee	Filing Fee	· ·	Filing Fee,	
riilig rec	& Certificate of Status	Filing Fee & Certified Copy	Certified Copy	
	& Certificate of Status	& Centified Copy	& Certificate of	
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EDOM.	Defections			
FROM: Rafael Lopez  Name (Printed or typed)				
		(· ···································		
	1015 US Highway 201 South		,	
1015 US Highway 301 South Address				
	T El 20040			
	Tampa FL 33619	State & Zip		
	O.y,			
	813-325-8537			
		elephone 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 Repair Services, Inc.

## ARTICLE II PRINCIPAL OFFICE

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

1015 US Highway 301 South, Tampa FL 33619

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Handyman and remodeling services.

### 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):

Rafael Lopez, President Rafael Lopez, Vice President Rafael Lopez, Secretary

### <u>ARTICLE VI REGISTERED AGENT</u>

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

Marie L. Negron 4702 Ramshead Drive Valrico, FL 33594

# ARTICLE VII INCORPORATOR

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

Rafael Lopez 1015 US Highway 301 South Tampa, FL 33619

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

<u>3/ó⁄4/(.</u> Date 4

Date