

PO9 000074516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

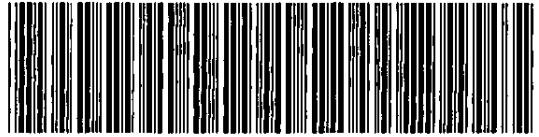
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100160016031

09/03/09--01013--014 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 SEP -3 PM 3:44

APPROVED
AND
FILED

VAH

COVER LETTER

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

SUBJECT: PROLINK XTREME 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: JOHN MICHAEL OOZOONIAN
Name (Printed or typed)

4754 NORWOOD AVE.

Address

JACKSONVILLE, FLORIDA 32206

City, State & Zip

9047660051

Daytime Telephone number

MJ4754@YAHOO.COM

E-mail address: (to be used for future annual report notification)

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

APPROVED
AND
FILED

ARTICLES OF INCORPORATION

09 SEP -3 PM 3:44

OF

PROLINK XTREME CORP.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We, the undersigned, hereby associate ourselves together for the purpose of becoming a corporation under the laws of the State of Florida, by and under the provisions of the Statutes of the State of Florida, providing for the formulation, liability, rights and privileges and immunities of a corporation for profit.

ARTICLE I - NAME

The name of the corporation shall be PROLINK XTREME CORP.

ARTICLE II - OFFICE

The principal office of this corporation shall be situated at 4754 NORWOOD AVE., JACKSONVILLE, FL 32206 and said corporation shall have the rights and privileges of business in such states of the United States and foreign countries whenever the Board of Directors may from time to time order and establish.

ARTICLE III - REGISTERED AGENT

The street address of this corporations initial registered office will be 4754 NORWOOD AVE., JACKSONVILLE, FL 32206 and the name of its initial registered agent will be JOHN M. OOZOONIAN at such address.

ARTICLE IV - NATURE OF BUSINESS

The nature of business and the purposes to the transacted are to engage in and to have unlimited power to do any lawful act concerning any of all lawful business for which corporations may be incorporated under the provisions of the Florida General Corporation Law.

ARTICLE V - CAPITAL STOCK

The total authorized capital stock of this corporation shall be 2000, divided into a maximum of 2000 shares, which shall be of common stock of par value of .01cent each, fully paid and nonassessable.

All such stock shall be payable in cash, property, labor or services at a just valuation to

be fixed by the Board of Directors at a meeting called for that purpose.

In case a stockholder desires to sell his share of stock, he must first offer them for sale to the remaining stockholders, it being the intention hereof to give them a preference in the purchase of the same, and any attempted sale in violation of this provision is null and void. A stockholder desiring to sell his stock shall file notice in writing of his intention with the Secretary of the corporation, stating the terms of sale, and unless his terms are accepted by any or all of the other stockholders, or the corporation, within six months thereafter, they shall be deemed to have waive their privilege of purchasing, and he shall be at liberty to sell to anyone else, according to the same terms as filed with the corporation.

ARTICLE VI - CAPITAL

The amount of capital with which the corporation shall commence business shall be less than \$500.00.

ARTICLE VII - TERM OF EXISTENCE

This corporation shall have perpetual existence, unless sooner dissolved according to law.

ARTICLE VIII - POSITIONS

The business of this corporation shall be conducted by a Board of Directors consisting of one or more persons.

The officers of this corporation shall be a President, a Vice-President, a Secretary, a Treasurer, and such other officers as shall be appointed in accordance with the By-laws of this corporation.

ARTICLE IX - DIRECTORS

The names and street addresses of the members of the first Board of Directors, who shall hold office from the organization of this corporation to the first annual meeting, or until their successors are elected and have qualified, are as follows:

<u>NAME</u>	<u>ADDRESS</u>
JOHN M. OOZOONIAN	4754 NORWOOD AVENUE JACKSONVILLE, FL 32206

ARTICLE X - OFFICERS

The following shall hold office named until their successors shall be regularly elected and shall be qualified:

<u>NAME</u>	<u>ADDRESS</u>
JOHN M. OOZOONIAN PRES, TREAS./VICE-PRES, SEC	4754 NORWOOD AVENUE JACKSONVILLE, FL 32206

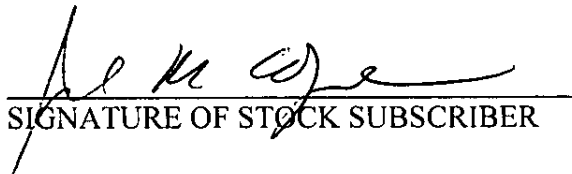
ARTICLE XI - STOCK SUBSCRIBERS

The names and street addresses of each subscriber of stock are:

<u>NAME</u>	<u>ADDRESS</u>
JOHN M. OOZOONIAN	4754 NORWOOD AVENUE JACKSONVILLE, FL 32206

The undersigned incorporation has executed these Articles of Incorporation this 1th day of SEPTEMBER, 2009.


SIGNATURE OF STOCK SUBSCRIBER


SIGNATURE OF STOCK SUBSCRIBER

CERTIFICATE DESIGNATING
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits to the following statement in designating the registered office/registered, in the State of Florida.

1. The name of the corporation is: PROLINK XTREME CORP.
2. The name of the registered agent and office is:

JOHN M. OOZONIAN,
4754 NORWOOD AVENUE
JACKSONVILLE, FL 32206

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE: _____

(REGISTERED AGENT)

DATE: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 SEP -3 PM 3:44

APPROVED
AND
FILED