

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

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**To:**  
 Division of Corporations  
 Fax Number : (850) 617-6381

**From:**  
 Account Name : FILINGS, INC.  
 Account Number : 072720000101  
 Phone : (850) 385-6735  
 Fax Number : (954) 641-4192

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**EXTREME TIRES-N-ACCESSORIES, INC.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$70.00 |

DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

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**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:

Extreme Tires - N- Accessories, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

721 SW 96<sup>TH</sup> AVE pembroke pines FL 33025**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Tire Sales

**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):

Simon Steven Garcia  
721 SW 96<sup>TH</sup> AVE pembroke pines FL 33025

Tital = Owner

**ARTICLE VI REGISTERED AGENT**

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

Brittney Praolini

721 SW 96<sup>TH</sup> AVE pembroke pines FL 33025**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Simon Steven Garcia  
721 SW 96<sup>TH</sup> AVE pembroke pines, FL 33025

\*\*\*\*\*

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

Date

Signature/Incorporator

Date

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FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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