

P110000051422

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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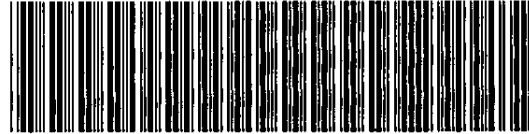
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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05/31/11--01015--001 \*\*78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 MAY 31 PM 2:21

APPROVED  
AND  
FILED

1/11

## COVER LETTER

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

**SUBJECT:** Extreme Collections, 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:** Manuel Rodriguez  
Name (Printed or typed)  
3404 W. Pine Street  
Address  
Tampa, FL 33607-3155  
City, State & Zip  
(813) 363-6344  
Daytime Telephone number  
abstampa@hotmail.com  
E-mail address: (to be used for future annual report notification)

**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)

APPROVED  
AND  
FILED

**ARTICLE I NAME**

The name of the corporation shall be: Extreme Collections, Inc.

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**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
8102 N. Armenia Avenue  
Tampa, FL 33604

Mailing address, if different is: STATE  
TALLAHASSEE FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To engage in any activity or business permitted under the laws of the United States and the State of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: 500 shares common stock; \$1 par value

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

Name and Title: Manuel Rodriguez, President	Name and Title: _____
Address: 3404 W. pine St	Address: _____
Tampa, FL 33607-3155	_____

Name and Title: Carlos Rodriguez, VicePres	Name and Title: _____
Address: 5325 S. Wick Dr	Address: _____
Tampa, FL 33624	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

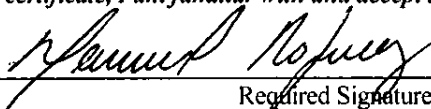
Name: Manuel Rodriguez  
Address: 3404 W. Pine St  
Tampa, FL 33607-3155

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Manuel Rodriguez  
Address: 3404 W. Pine Street  
Tampa, FL 33607-3155

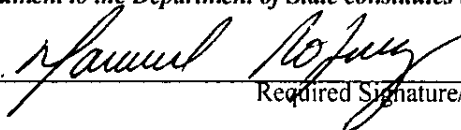
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

5/26/11  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

5/26/11  
Date