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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
1/18/12

COVER LETTER

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

SUBJECT: TINT XTREME, CO.
(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: TOMMY TANAKA
Name (Printed or typed)

10242 NW 47 ST # 39
Address

SUNRISE, FLORIDA 33351
City, State & Zip

(954) 551-8016
Daytime Telephone number

TINTXTREME@gmail.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)

ARTICLE I NAME

The name of the corporation shall be:

TINT XTREME, CO.

ARTICLE II PRINCIPAL OFFICE

Principal street address

10242 NW 47 ST #39
SUNRISE, FL
33351

Mailing address, if different is:

10242 NW 47 ST #39
SUNRISE, FL
33351

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROVIDE THE SERVICES OF AUTOMOBILES
WINDOW TINTING, CAR AUDIO, VIDEO
AND ELECTRONICS

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: TOMMY TANAKA, DIRECTOR

Address: 5899 SW 36 CT #106
DAVIE, FL 33314

Name and Title: CARMEN TAMASHIRO, DIRECTOR

Address: 1237 NW 27 AVE
POMPANO BEACH, FL
33069

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: TOMMY TANAKA

Address: 10242 NW 47 ST #39
SUNRISE, FL 33351

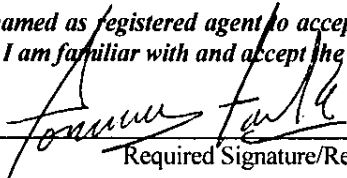
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: TOMMY TANAKA

Address: 10242 NW 47 ST #39
SUNRISE, FL 33351

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

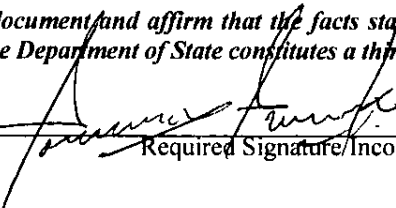


Required Signature/Registered Agent

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12 JAN 17 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/10/2012
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

1/10/2012
Date