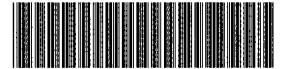
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Special Instructions to Filing Officer:		

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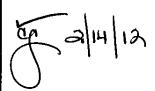


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SECRETÁRY OF STATE DIVISION OF CORPORATIONS



## **COVER LETTER**

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

SUBJECT: Xtreme Custom Wood Floors. 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	<b>.</b>			
FROM: Manuel Santiesteban  Name (Printed or typed)  1655 5W 23 ave #2  Address  Miami, Fl. 33145  City, State & Zip  365.546.4010  Daytime Telephone number  Xtremewood flows a bell south. net  E-mail address: (to be used for future annual report notification)	SECRETARY OF STATE			

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)

The name of the corporation shall be: Xtreme Custon	n wood Floors, CO.
ARTICLE II PRINCIPAL OFFICE	
Principal street address	Mailing address, if different is:
1635 SW 23 are #2	
Miaml, FL: 33145	
The purpose for which the corporation is organized is:	
Protessional Corporation	C Soul Classe
Professional Corporation Installation and Refinish Sales of Wood Flore	ling of wasa Flacts
Sales of wood floors	, and products
ARTICLE IV SHARES The number of shares of stock is: 100	
Name and Title: Manue Santesteban President	
Address: 1655 3W 23 are #2	Address:
Miami, FL. 33145	
Name and Title:	Name and Title:
Address:	
•	
	-
Name and Title:	
Address:	Address;
ADMICI DE DECICERDES ACRAS	S Y S
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) o	f the registered agent is:
Name: (655 SW 23 ave #2-	r die regisiered agent is:
Address: Wiami, Fl. 33145	- - <u> </u>
<u>Manuel Santiesteban</u>	- Z
ARTICLE VII INCORPORATOR	그 무슨
The name and address of the incorporator is	60 F. ORS
Name: Murice Sub- 100 Address: 1666 Sub- 23 ave #	<u> </u>
Miami, F(. 38145	<del>*</del> 2 <sup>m</sup>
Having been named as registered agent to accept service of proces this certificate, I amfamiliar with and accept the appointment as reg	– CA s for the above stated corporation at the place designated in istered agent and agree to act in this capacity
/MMhueld.	2/9/12
Required Signature/Registered Agent	Date
I submit this document and affirm that the facts stated herein are document of the Department of State constitutes a third degree felon	true. 1 am aware that the false information submitted in a
M/M.	, we provided for an 2017, 123, 133,
- Illuwery:	2/9/12
Required Signature/Incorporator	Date