

P12000020534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

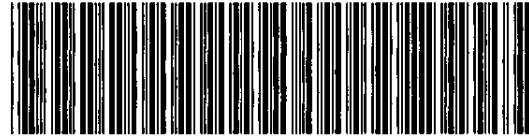
(Business Entity Name)

(Document Number)

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

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02/17/12--01016--001 \*\*70.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 FEB 29 PM 1:39

10212-9843



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

12 FEB 29 PM 1:43

DIVISION OF CORPORATIONS

February 20, 2012

CARLOS ARECHAVALETA  
11051 SW 241 ST  
MIAMI, FL 33032

SUBJECT: XTREME GOLF CARTS, CORP.  
Ref. Number: W12000009843

We have received your document for XTREME GOLF CARTS, CORP. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Pamela Smith  
Regulatory Specialist II

Letter Number: 112A00007433

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE I NAME** Xtreme Golf Carts, Corp.  
The name of the corporation shall be:

12 FEB 29 PM 1:39

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
11051 SW 241 Street  
Miami, FL 33032

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
To conduct a business in customizing and repairing golf carts.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Carlos Arechavaleta, President	Name and Title: _____
Address: 11051 SW 241 Street	Address: _____
Miami, FL 33032	_____

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

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:

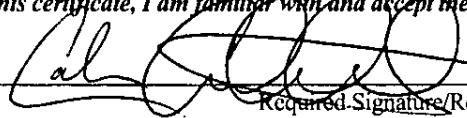
Name: Carlos Arechavaleta  
Address: 11051 SW 241 Street  
Miami, FL 33032

**ARTICLE VII INCORPORATOR**


The name and address of the Incorporator is:

Name: Carlos Arechavaleta  
Address: 11051 SW 241 Street  
Miami, FL 33032

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

	02/12/2012
Required Signature/Registered Agent	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.

	02/12/2012
Required Signature/Incorporator	Date