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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 03/29/12

COVER LETTER

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

SUBJECT: XTREME CUSTOMS & MOTORSPORTS, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: CLIFFORD BURROUGHS
Name (Printed or typed)

3463 GARBER DRIVE
Address

TALLAHASSEE, FL 32304
City, State & Zip

(850) 878-0778
Daytime Telephone number

XTREMEPAINT2005@AOL.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: **XTREME CUSTOMS & MOTORSPORTS, INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
3463 GARBER DRIVE
TALLAHASSEE, FL 32304

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
REPAIR AND CUSTOMIZATION OF AUTOMOBILES

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **CLIFFORD BURROUGHS, PRES**
Address: **8349 QUEEN ANNA DRIVE**
TALLAHASSEE, FL 32317

Name and Title: _____
Address: _____

Name and Title: **DENISE BURROUGHS, DIR**
Address: **8349 QUEEN ANNA DRIVE**
TALLAHASSEE, FL 32317

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: **CLIFFORD BURROUGHS**
Address: **8349 QUEEN ANNA DRIVE**
TALLAHASSEE, FL 32317

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **CLIFFORD BURROUGHS**
Address: **8349 QUEEN ANNA DRIVE**
TALLAHASSEE, FL 32317

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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

Cliff
Required Signature/Registered Agent

3/27/2012
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.

Cliff
Required Signature/Incorporator

3/27/2012
Date