

P1200000415858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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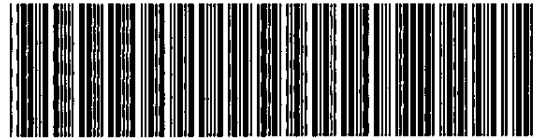
(Business Entity Name)

(Document Number)

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FILED  
12 MAY 16 PM 2:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1112-19024

MD 5/16

## COVER LETTER

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

SUBJECT: **Xtreme Mass Nutrition, 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: **Alaen Gonzalez**

Name (Printed or typed)

**3814 SW 79 Ave #48**

Address

**Miami, FL. 33155**

City, State & Zip

**786-443-1396**

Daytime Telephone number

**xtrememassnutrition@gmail.com**

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 5, 2012

ALAEN GONZALEZ  
3814 S.W. 79TH AVE., #48  
MIAMI, FL 33155

SUBJECT: XTREME MASS NUTRITION, INC  
Ref. Number: W12000019024

We have received your document for XTREME MASS NUTRITION, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete Article(s) I & III - The "NAME" of the corporation and the "PURPOSE"..

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.

You must list at least one incorporator with a complete business street address.

Please return the corrected original and one copy of 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.

Maryanne Dickey  
Regulatory Specialist II Supervisor  
New Filing Section

Letter Number: 512A00011074



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 30, 2012

ALAEN GONZALEZ  
3814 S.W. 79TH AVE., #48  
MIAMI, FL 33155

SUBJECT: XTREME MASS NUTRITION, INC  
Ref. Number: W12000019024

We have received your document for XTREME MASS NUTRITION, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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.

The stock shares should be listed without the percentage sign (%).

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of 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.

Maryanne Dickey  
Regulatory Specialist II Supervisor  
New Filing Section

Letter Number: 512A00011074

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

**ARTICLE I NAME** Xtreme Mass Nutrition Inc  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

3814 SW 79 AVE #48  
Miami, FL 33155

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
wholesale/retail

**ARTICLE IV SHARES**

The number of shares of stock is:

*1 one*

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

Name and Title: Alaen Gonzalez President  
Address: 3814 SW 79 Ave  
Miami, FL 33155

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

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: Alaen Gonzalez  
Address: 3814 SW 79 Ave  
Miami, FL 33155

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Alaen Gonzalez  
Address: 3814 SW 79 Ave  
Miami, FL 33155

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

*Alaen Gonzalez*  
Required Signature/Registered Agent

5/1/12  
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.

*Alaen Gonzalez*  
Required Signature/Incorporator

5/1/12  
Date

FILED  
12 MAY 16 PM 2:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA