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(Re	questor's Name)		
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PICK-UP	WAIT	MAIL	
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COVER LETTER

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

SUBJECT: FLORIDA EXTI		
(PROPOSED CORPORA Enclosed are an original and one (1) copy of the art	ATE NAME - MUST INC	
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
	ADDITIONAL C	OPY REQUIRED
FROM: OSCAR S Nam 9234 OLMSTEAD DRIV	SANTALO e (Printed or typed)	
OZOT OLIMOTERO DI WY	Address	
LAKE WORTH, FL 334	67 , State & Zip	
305-301-3862 Daytime	Telephone number	
osky7@msn.com E-mail address: (to be use	ed 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: FLORIDA XTREME ATHLETICS, INC	
•	FILED
ARTICLE II PRINCIPAL OFFICE Principal street address Mailing add	dresseif different is:
9234 OLMSTEAD DRIVE	drespoir different is: PM 2: 4
LAKE WORTH, FL 33467	STATE OF THE STATE OF THE STATE
	TAMANA NO. ALCAN
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	**************************************
TO HOLD ATHLETIC EVENTS, SALE OF ATHLETIC EQUIPMENT, AN	ID UNIFORMS
ARTICLE IV SHARES	
The number of shares of stock is: 100	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
Name and Title: OSCAR SANTALO - PRESIDENT Name and Title:	
Address: 9234 OLMSTAD DRIVE Address:	
LAKE WORTH, FL 33467	·
N 1791	
Name and Title: Name and Title: Address: Address:	
7100055	
Name and Title: Name and Title:	
A 4 1	
	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:	•
Name: OSCAR SANTALO	
Address: 9234 OLMSTEAD DRIVE	
LAKE WORTH, FL 33467	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is: Name: OSCAR SANTALO	
Name: OSCAR SANTALO	
LAKE WORTH, FL 33467	
Having been named as registered agent to accept service of process for the above stated corpora	ation at the place designated in
his certificate, I am familior with and accept the appointment as registered agent and agree to act	in this capacity
	8/6/2012
Required Signature/Registered Agent	Date
submit this document and affirm that the facts stated herein are true. I am aware that the fa	
locument to the Department of State constitutes a third degree felony as provided for in s.817.155,	, F.S.
$\int_{-\infty}^{\infty}$	8/6/2012
Required Signature/Incorporator	Date