

PH000055368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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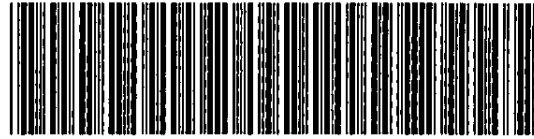
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 JUN 24 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 6/26

COVER LETTER

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

SUBJECT: **XTREME INSURANCE.CORP**

(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: **EDITH ALVAREZ**

Name (Printed or typed)

2465 SW 131 CT

Address

MIAMI FLORIDA 33175

City, State & Zip

786-283-0628

Daytime Telephone number

EDITHALVARES@YAHOO.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 XTREME INSURANCE.CORP
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address
7882 NW 55 ST
DORAL FLORIDA 33166

Mailing address, if different is: _____

ARTICLE III PURPOSE ANY AND ALL LAWFUL BUSINESS, PROPERTY AND CASUALTY INSURANCE AGENCY
The purpose for which the corporation is organized is: _____

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>EDITH ALVAREZ PRESIDENT</u>	Name and Title: _____
Address <u>2465 SW 131 CT</u>	Address: _____
<u>MIAMI FLORIDA 33175</u>	_____
_____	_____

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

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

(conti.)

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: EDITH ALVAREZ

Address: 2465 SW 131 CT

MIAMI FLORIDA 33175

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: EDITH ALVAREZ

Address: 2465 SW 131 CT

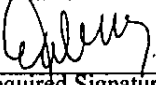
MIAMI FLORIDA 33175

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


Required Signature/Registered Agent

6/18/2014
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.


Required Signature/Incorporator

6/18/2014
Date