

PK40000066378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

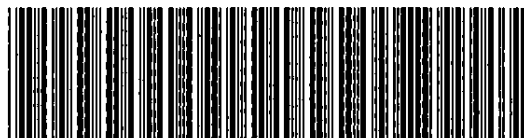
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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## COVER LETTER

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

SUBJECT: **XTREME SATELLITE 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: **JULIO C FERREIRA**

Name (Printed or typed)

**7461 NW 183 TERRACE**

Address

**HIALEAH, FL 33015**

City, State & Zip

**(305) - 917 3022**

Daytime Telephone number

**XTREMESATELLITEINC@HOTMAIL.COM**

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

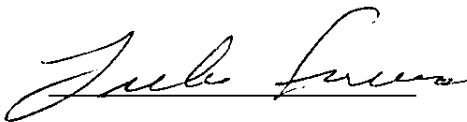
**NOTE: Please provide the original and one copy of the articles.**

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RETURNED CHECK

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CLERK OF STATE  
TALLAHASSEE FLORIDA

TO WHOM IT MY CONCER:

I JULIO C FERREIRA FRON DIRECT HOME TELVISION/ XTREME SATELLITE INC. DOCUMENT NUMBER  
P14000020422 I HAVE NO INTENTION TO RETAIN TE NAME BY REALEASING THERE BY USING THE  
NAME A AND RELEASING THE NAME TO BE USED AGAN



JULIO C FERREIRA

**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 SATELLITE INC.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

7641 NW 183 TERRACE

HIALEAH

FLORIDA 33015

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CLERK OF DISTRICT COURT  
HALL COUNTY FLORIDA

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: AUDIO, VIDEO AND SALES INSTALATION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**ARTICLE IV    SHARES**

The number of shares of stock is: 1

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

Name and Title: JULIO C FERREIRA (PRSDENT)

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

Address 7461 NW 183 TERACE

Address: \_\_\_\_\_

HIALEAH, FL 3301

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

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

Address \_\_\_\_\_

Address: \_\_\_\_\_

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: JULIO C FERREIRA  
Address: 7461 NW 183 TERRACE  
HIALEAH FL 33015

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TALLAHASSEE, FLORIDA

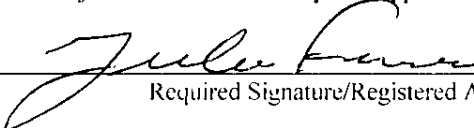
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JULIO C FERREIRA  
Address: 7461 NW 183 TERRACE  
HIALEAH, FL 33015

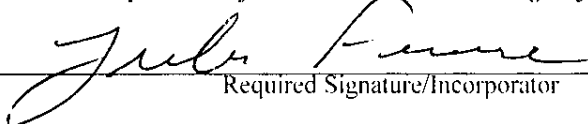
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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature/Registered Agent

8/1/2014  
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

8/1/2014  
Date