

# PI6000053534

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**To:**

Division of Corporations  
Fax Number : (850)617-6381

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
EXTREME GAIN CORP**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 03      |
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**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME:** The name of the corporation is:Extreme Gain Corp**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

4704 N LOIS AVE TAMPA, FL  
33614**ARTICLE III SHARES:** The number of shares of stock is:100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Matthew CRUZ (PRESIDENT)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

MATTHEW CRUZ  
4704 N LOIS AVE  
TAMPA FL 33614**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:MATTHEW CRUZ  
4704 N LOIS AVE  
TAMPA FL 33614

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**Required Signatures:**

**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**

 \_\_\_\_\_  
Registered Agent 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.**

 \_\_\_\_\_  
Incorporator Date

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