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fo:

Division of Corporations

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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973

Fax Number

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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FLORIDA PROFIT/NON PROFIT CORPORATION XTREME SERVICE & REPAIR CORP

Certificate of Status	0
Certified Copy	1
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Corporate Filing Menu

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SEP 2 9 2017

T. SCOTT

H17000255939

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:	
Itreme Service & Repair Corp	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
7121 SW 129 Ave Apt 4 client Florida	
33/83	
ARTICLE III SHARES: The number of shares of stock is: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	र । इस्
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
Yusiel cabrera chavez (P)	9: 16 SIATE FEORIDI
	,
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:	
The name and Florida street address (PO Box not acceptable) of the registered agent is:	
Yusiel Cabrera Chavez	
7121 SW 129 AVE APT4	
Miami FL 33183	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	
Jusiel cabrera Chavez	
Migmi FL 33183	
Miami FL 33183	

H17000255939

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

09/28/17

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.

!ncorporator

Date