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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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

Email Address:\_

## FLORIDA PROFIT/NON PROFIT CORPORATION XTREME EXCAVATION CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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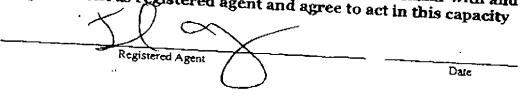
## ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE | NAME: The name of the corporation is:

XTreme excavation corp	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
7450 SW 83 CT	
Miami F1 33 143	
ARTICLE III SHARES: The number of shares of the life of	
ARTICLE III SHARES: The number of shares of stock is: 100	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
Jose Luis Alvarez (P)	
A:• 22	
75. 6 C	
AND STREET ADDRESS:	
The name and Florida street address (PO Box not acceptable) of the registered agent is:	
<u> </u>	
- MIAMI FL. 33143	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	
JOSE LUIS Alvarez	
7450. SW 83 CT.	
- MIANI, FL. 33143	

## 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



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