				protection Cover Sh		
	se print this pag hown below) on t					e fax audit number locument.
		<b>(((H</b> )	2000026	0632 3)))		
		H	200026063	23ABCV		
Note: DO				D button on another cov	•	scr from this page
To:	Division of Co	rporat	ions			
	Fax Number	: (85	50)617-63	31		
From:	Account Name Account Number	• : I20			ES, INC.	C

\*\*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 OFFSHORE MARINE, INC.

Certificate of Status	0
Certified Copy	
Page Count	01
Estimated Charge	\$70.00

2020 AUG -4 PH 2:59

RECEIVED

•		<i>.</i>	
	ARTICLES OF IN In compliance with Chapter 607 a		
ARTICLE 1 NAME The name of the corporat	tion shall be: <u>XTREME</u> OFFSHORI	MARINE, INC.	
ARTICLE II PRINC 16631 80TH ST N LOXAHATCHEE,	Principal street address	Mailing address, if different is	: 
ARTICLE III PURPO The purpose for which t	he corporation is argunized is: <u>ANY</u> A	AND ALL LAWFUL BUSINESS.	
ARTICLE IV SHAR. The number of shares of	stock is: 100		-L PH 2
	IL OFFICERS AND/OR DIRECTORS ROBERTO RIVERO , P	Name and Title:	112:45
Address	16631 80TH ST N	Address:	
	LOXAHATCHEE, FL 33470		
Name and Title		Name and Title:	
Address			
Name and Title		Name and Title:	·
Address			

ı

•

••

.9

1.00

J.

\_\_\_\_

\* - - - -

. . . ....

,

Name and Tit	le:	Name and Title:	
Address		Address:	_
	<u> </u>		

## ARTICLE VI REGISTERED AGENT

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

Name:	ROBERTO RIVERO	_
Address:	16631 80TH 5T N	
	LOXAHATCHEE, FL 33470	

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:	S&S ACCOUNTING SERVICES, INC
Address:	3383 NW 7 ST SUITE 304
	MIAMI, FL 33125

## ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: \_\_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

08/04/2020 Required Signature/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 Spite constitutes a third degree felony as provided for in \$ 817.155, F.S. 08/04/2020 Required Signature/Incorp ator Date