## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:			- 5
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	Fax Number	: (850)617-6381	~
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From:			
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	À
	Account Number	: 120000000019	25
	Phone	: (305)552-5973	•
	Fax Number	: (305)675-5944	

## FLORIDA PROFIT/NON PROFIT CORPORATION XTREME FOOD TRUCK & TRAILER LENDING INC

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

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

**ARTICLE 1** NAME: The name of the corporation is:

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ITREME FOOD TRUCK & TRAFLER LENDING THE
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
2450 SW 134 AV STE. 202
MIRMI FL 33175
ARTICLE III SHARES: The number of shares of stock is: 100
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
CORTSEL GAREDA (P)
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:  The name and Florida street address (PO Box not acceptable) of the registered agent is
CAISEL GARCIA
2450 SW 137 AU STE 202
mana FL 33 175
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
CORTSEL CORRESPO
2450 SW 137 AV STE 202

## 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 11/72/71
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