Department of State

Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	e-XTREME (Proposed corpor	SolutionS -	Suffix)
		9	9000030430194 -11/12/9901097001 *****80.00 *****78.75
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:			
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status COPY REQUIRED
FROM:	Joseph A Name (Pr 2420 Twin S		PER
	TACKSONVIlle City, S (904) 992-9 Daytime Te	FL 3 72 State & Zip 9497 Elephone number	PRECEDIVISION OF COLUMN SECONS

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

e-XTREME Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1260-3 Beach BlvD.#205 JACKsonville, FL. 32246

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

4

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

OAVID Meter 5118 City ST. #532 ORLAMOD, FL 32839

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

DAVID Meter 5/18 City ST. #532 ORLANDO, FZ 32839

Signature/Incorporator

APPHOVED
99 HOV 12 PH 2: 19
SECRETARY OF 100 PM

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent

Date