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- (Red	questor's Name)	
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(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Day)		
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Certified Copies	Certificates	s of Status
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TRANSMITTAL LETTER

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

SUBJECT: SUPERIOR CONCRETE SERVICES CORPORATION
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

· Department of State

	(I ROI OLLO COM ON	HID WANTE MICE	odd seitha)
Enclosed are an orig	inal and one (1) copy of the ar	ticles 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
		ADDITIONAL CO	Status PPY REQUIRED
FROM: S	UPERIOR CONCRETE SE	RVICES CORPORAT	ION
110141.	Nam	e (Printed or typed)	
	P.O. BOX 568245		
		Address	
	ORLANDO, FLORIDA 32	856-8245	
	City	, State & Zip	
	407-426-8252		

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

Daytime Telephone number

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

ARTICLE I NAME

The name of the corporation shall be:
SUPERIOR CEMENT SERVICES CORPORATION

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: P.O. BOX 568245 ORLANDO, FLORIDA 32856-8245

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: MANUFACTURE CEMENT

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

PRES/DIR MARK CHERNEGA 2720 AMBROSIA COURT APOPKA, FL 32703
VP/DIR RANDY O BURDEN 1611 S. SUMMERLIN AVENUE ORLANDO, FL 32806
SEC/TREAS PAMELA N SHAW 2901 S. OSCEOLA AVE. ORLANDO, FL 32806
DIR DOUGLAS P HOOKER 5511 HANSEL AVE. ORLANDO, FL 32809
DIR PATRICK C MATHES, III 5517 HANSEL AVE. ORLANDO, FL 32809

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

PAMELA N SHAW 645 W. MICHIGAN STREET ORLANDO, FL 32805

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

PAMELA N SHAW P.O. BOX 568245 ORLANDO, FL 32856-8245

**************************************	*********
Having been named as registered agent to accept service of process for the above stated certificate, I am familiar with and accept the appointment as registered agent and agree to	
Pamela A. Shaw	4-26-04
Signature/Registered/Agent Pamela N. Shaw	Date
Pamela N. Shaw	4-26-04
Signature/Incorporator Pamela N. Shaw	Date