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WOY - 1451/ J. BRYAN APR 1 4 2004

TRANSMITTAL LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: Superior Weter Services Inc. (Name of corporation - must include suffix)					
(Name of corporation - must include suffix)					
Dear Sir or Madam:					
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.					
Please return all correspondence concerning this matter to the following:					
<u> </u>					
Barbara Hellingsworth (Name of Person)					
Superior Weter Services Inc					
(Firm/Company)					
PO. Box 1/62					
(4.11)					
Smyrna GA 30081					
Smyrna 6 A 30081 (City/State and Zip code)					
(Chighe and Esp Code)					
For frother information assessming this matter along will					
For further information concerning this matter, please call:					
(Name of Person) at (770) 433-0805 (Area Code & Daytime Telephone Number)					
(Name of Person) (Area Code & Daytime Telephone Number)					
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS: Registration Section Division of Corporations Pivision of Corporations P.O. Box 6327 Tallahassee, FL 32314					
Enclosed is a check for the following amount:					
\$70.00 Filing Fee \$78.75 Filing Fee & \$78.75 Filing Fee & \$87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy					



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 14, 2004

BARBARA HOLLINGSWORTH SUPERIOR WATER SERVICES INC. P.O. BOX 1162 SMYRNA, GA 30081

SUBJECT: SUPERIOR WATER SERVICES INC.

Ref. Number: W04000014511

RECEIVED SANGES ON CONTROL OF THE SECURIORS

We have received your document for SUPERIOR WATER SERVICES INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Letter Number: 004A00024670

Joey Bryan Document Specialist

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	Superior Water Services Inc
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
	"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
	The state of the s
	SWS
	- Table 1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (
2.	(State or country under the law of which it is incorporated) 3. 58-1475094 (FEI number, if applicable)
	(State or country under the law of which it is incorporated) (FEI number, if applicable)
4	04/83 5 Dannet yel
т.	(Date of incorporation) 5. Per Det Je (Duration: Year corp. will cease to exist or "perpetual")
6.	04/01/04
	(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7.	4509 Pine Street Smyrna GA 30080
_	(Principal office address)
_	4509 Pine Street Smyrna GA 30080 (Principal office address) P.O. Box 1162 Smyrna GA 30081 (Current mailing address)
	(Current mailing address)
Q	Chemical water treatment service.
٥.	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
	(=====================================
9.	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
	Name: Robert J Gserner
Oi	fice Address: 178 5 Canal Street
	Port St Joe , Florida 32456
	(City) , Florida (Zin code)
	(Dip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

- 11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.
- 12. Names and business addresses of officers and/or directors:

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•	· · · · · ·	
	TOP 2	•
A. DIREC		
	Robert J Gsegner	
	4509 Pine Street	
_	Smyrna GA 30080	
Vice Chairm	an: Jehn P Maiden	
Address:	4509 Pine Street	
	Smyrna 6 A 30080	The Contract of the Contract o
Director:	Barbare D. Hellingsworth	
	4509 Pine Street	
	Smyrne GA 30080	
		- Contract of the contract of
Address:		
B. OFFIC	Robert J Escener	•
	4509 Pine Street	
	5 , 00 380	
	•	· · · · · · · · · · · · · · · · · · ·
	nt: Jehn P Maiden	
Address:	4508 Pine Street	
<u></u>	SM/rna 6A 30080	's,
Secretary: _	Barbara D Hellingsworth	
Address:	•	
	Burbare D Hollingsworth	<u> </u>
Address:	4509 Pine Street Snyrne 64	
_		
NOTE: If:	necessary, you may attach an addendum to the application lis	ting additional officers and/or directors
13	(Signature of Director or Officer listed in number 12 of the	the annlication)
14	(Typed or printed name and capacity of person s	signing application)
		/

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CONTROL NUMBER : J203865 DATE INC/AUTH/FILED: 04/02/1982 : GEORGIA JURISDICTION PRINT DATE : 04/19/2004

FORM NUMBER : 211

SUPERIOR WATER SERVICES, INC. BARBARA HOLLINGSWORTH 4509 PINE STREET SMYRNA, GA 30080



CERTIFICATE OF EXISTENCE

State of Georgia, do hereby certify I, Cathy Cox, the Secretary of under the seal of my offic grint date

is in compliance i egistration provisions of Title 14 of the

above or was authorized to has not filed articles of Said entity was formed in transact business in George lar document with the dissolution, cer Office of the Se

ce of the above-named entity whether or not a notice of a statement of commencement as of the print date above It do intent to dissolve (an application l, a statement of commencement been filed or is pending with other similar document of winding up or any the Secretary of State

issued and certified in This information is accordance with the Georgia Electronic Records and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

20040419150118668



Secretary of State