

F18000002822

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400314200904

06/11/18--01025--016 \*\*78.75

2018 JUN 11 PM 4:54  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

B FIGUEROA

JUN 15 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations  
Superior Hood Steamers, Inc.

**SUBJECT:** \_\_\_\_\_  
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," or "Certificate of Good Standing" 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:  
Abraham Oren

|                                                                    |                         |
|--------------------------------------------------------------------|-------------------------|
| Superior Hood Steamers, Inc.                                       | Name of Person          |
| PO Box 23                                                          | Firm/Company            |
| Sioux Falls, SD 57101                                              | Address                 |
| abe@superiorhoodsteamers.com                                       | City/State and Zip code |
| E-mail address: (to be used for future annual report notification) |                         |

For further information concerning this matter, please call:

|                |              |                          |
|----------------|--------------|--------------------------|
| Abraham Oren   | 605          | 496-8746                 |
| _____          | at ( _____ ) | _____                    |
| Name of Person | Area Code    | Daytime Telephone Number |

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

- |                                             |                                                                        |                                                                            |                                                                                           |
|---------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|---------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

**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.*

Superior Hood Steamers, Incorporated

1. \_\_\_\_\_  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

SHS, Inc.

\_\_\_\_\_  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  
South Dakota

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)  
2008

4. \_\_\_\_\_ 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)  
4/11/2018

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  
46702 Buckeye St, Sioux Falls, SD 57107

7. \_\_\_\_\_  
(Principal office address)  
PO Box 23, Sioux Falls, SD 57101  
\_\_\_\_\_  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Matlock Roebuck

Name: \_\_\_\_\_

2601 Huggins Rd

Office Address: \_\_\_\_\_

Lake Wales

33898

(City)

(Zip code)

9. 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.*

X: 

(Registered agent's signature)

10. 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.

2018 JUN 11 PM 4:54  
DEPT OF STATE  
TALLAHASSEE, FLORIDA

FILED

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Abraham Oren

Chairman:

46702 Buckeye St, Sioux Falls, SD 57107

Address:

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

**B. OFFICERS**

Abraham Oren

President:

46702 Buckeye St, Sioux Falls, SD 57107

Address:

Vice President:

Address:

Secretary:

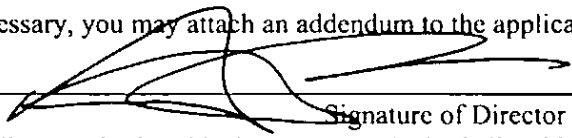
Address:

Treasurer:

Address:

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. \_\_\_\_\_



Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

Abraham Oren President/Owner

13. \_\_\_\_\_

(Typed or printed name and capacity of person signing application)

FILED  
2018 JUN 11 PM 4:54  
CLERK OF STATE  
STATE OF SOUTH DAKOTA

# State of South Dakota

Office of the Secretary of State

## Certificate of Good Standing

Domestic Business Corporation

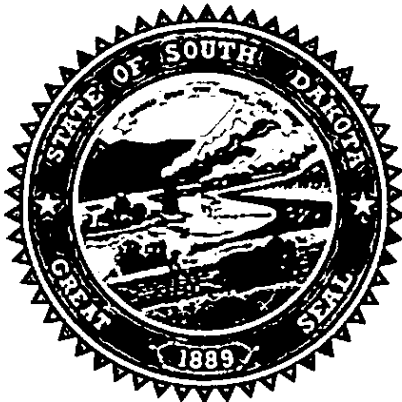
I, **Shantel Krebs**, Secretary of State of the State of South Dakota, hereby certify that

**SUPERIOR HOOD STEAMERS INC.**

Business ID: DB053335

was authorized to transact business in this state on: February 25, 2008.

I, further certify that **SUPERIOR HOOD STEAMERS INC.** has complied with the laws of this State relative to the formation of Certificate of Good Standing/Authorizations of its kind and is now regularly and properly organized and existing under the laws of this State and is in Good Standing, as shown by the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of its financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of South Dakota, in Pierre, the Capital City, this day, May 21, 2018.

*Shantel Krebs*

Shantel Krebs  
Secretary of State

05/21/2018 9:51 AM

Verification #: 010690216