F18000002822

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
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
_____
Name of Person

Superior Hood Steamers, Inc.
_____
Firm/Company

PO Box 23
_____
Address

Sioux Falls, SD 57101
_____
City/State and Zip code

abe@superiorhoodsteamers.com
_____
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:

- ☐ $70.00 Filing Fee
- ☐ $78.75 Filing Fee & Certificate of Status
- ■ $78.75 Filing Fee & Certified Copy
- ☐ $87.50 Filing Fee, Certificate of Status & 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.

1. Superior Hood Steamers, Incorporated
(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)

2. South Dakota
(State or country under the law of which it is incorporated)

3. _____
(FEI number, if applicable)

4. 2008
(Date of incorporation)

5. _____
(Date of duration, if other than perpetual)

6. 4/11/2018
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 46702 Buckeye St, Sioux Falls, SD 57107
(Principal office address)

PO Box 23, Sioux Falls, SD 57101
(Current mailing address, if different)

2018 JUN 11 PM 4:54

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

Name: Matlock Roebuck

Office Address: 2601 Huggins Rd

Lake Wales, Florida 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.

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)

2018 JUN 11 PM 4:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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