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

100003101301--3 -01/18/00--01101--018 \*\*\*\*\*\*87.50 \*\*\*\*\*\*87.50

SUBJECT: Superior Referral Service, Incorporated (Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

Fee Filing Fee, fied Copy Certified Copy & Certificate of Status TONAL COPY REQUIRED
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FROM:	Mrs. Dorothy Pitts	
	Name (Printed or typed)	
	1274 N. W. 55th Terrace	77.00
-	Address	
_	Miami, Fla. 33142	TO CO
	City, State & Zip	TO THE SEA
_	(305) 758-4852	を当 ~
	Daytime Telephone number	DA 9

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

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# 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:

SUPERIOR REFERRAL SERVICE, INCORPORATED

### ARTICLE II PRINCIPAL OFFICE

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

801 N.W. 62nd Street, Miami, Fla. 33150

### ARTICLE III SHARES

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

100

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Mrs. Dorothy Pitts 1274 N.W. 55th Terrace, Miami, Fla. 33142

# ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Mrs. Dorothy Pitts

1274 N. W. 55th Terrace, Miami, Fla. 23142

(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 oblightions of my position as registered agent

Signature/Registered Agent

Date