

Polo 00087992

TRANSMITTAL LETTER

Department of State
Division of Corporations
PO Box 6327
Tallahassee FL

000004567680--6
-09/04/01--01085--011
*****87.50 *****87.50

SUBJECT: Super Enterprises of North Miami Beach, Inc.

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

____ \$70.00
Filing Fee

____ \$78.50
Filing Fee
& Certificate of Status

____ \$ 78.75
Filing Fee
& Certified Copy

____ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

From: Bobbie J. Elmore
PO Box 551418
Fort Lauderdale FL 33355

FILED
01 SEP -4 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

gk 9/7

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:

Super Enterprises of North Miami Beach, Inc

ARTICLE II PRINCIPLE OFFICE

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

Patricia Ciasca, President

ARTICLE III SHARES

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

100

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Patricia Ciasca 16940 NE 19th Av North Miami Beach FL 33162

ARTICLE V INCORPORATOR

the name and address of the incorporator of these Articles of Incorporation are:

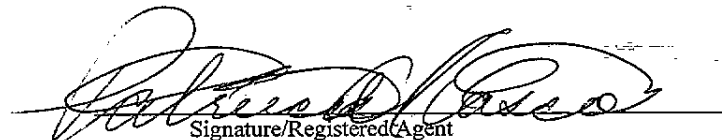
Patricia Ciasca 16940 NE 19th Av North Miami Beach FL 33162


Signature/Incorporator

Date

(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 obligations of my position as registered agent.


Signature/Registered Agent

Date

FILED
01 SEP - 4 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA