

P03000056246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

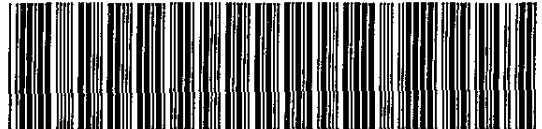
(Business Entity Name)

(Document Number)

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

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FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
03 MAY 13 AM 9:54

F. CHEN 2007 MAY 22

## TRANSMITTAL LETTER

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

SUBJECT: Superior Septic Services Inc.  
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

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

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Phillip Alexander  
Name (Printed or typed)

4126 Iveyglen Ave.  
Address

Orlando, Florida 32826  
City, State & Zip

(407)482-8687  
Daytime Telephone number

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

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

### **ARTICLE I NAME**

The name of the corporation shall be:

Superior Septic Services Inc.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

PMB 327 4250 Alafaya Trl. Suite 212 Oviedo, Florida 32765

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Septic Installer

### **ARTICLE IV SHARES**

The number of shares of stock is:

100

### **ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

Phillip E. Alexander  
4126 Iveyglen Ave.  
Orlando, Florida 32826 Director

### **ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

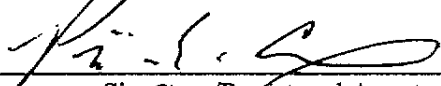
Phillip E. Alexander  
PMB 327 4250 Alafaya Trl. Suite 212 Oviedo FLorida 32765

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Phillip E. Alexander  
PMB 327 4250 Alafaya Trl. Suite 212 Oviedo FLorida 32765

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Signature/Registered Agent

5/1/03  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

5/1/03  
\_\_\_\_\_  
Date

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