P04000024349

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
O STATE OF S
Special Instructions to Filing Officer:
D. WHITE FEB - 6 2004

Office Use Only



100027480681

U2/04/04 -01029--002 **G30.00

2001 FEB -4 P 1: 35 04 FEB -4 AM II: 0
SECRETARY OF STATE INVISION OF STATE
ALL AND SECRETARY OF STATE INCLUDING STATE
ALL AND SECRETARY OF STATE INCLUDING SECRETARY OF SECRETARY OF STATE INCLUDING SECRETARY OF SE

EXPRESS CORPORATE FILING SERVICE INC. Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101
Address

CORAL GABLES, FL 33134 City/State/Zip

(305) 444-4994

Phone #

OFFICE USE ONLY

CORPORATION NAME(S) &	DOCUMENT NUMBER	S) (if known)
-----------------------	-----------------	---------------

(C	orporation Name)	<u> </u>	(Document #)
₹Ĉ	orporation Name)		(Document #)
(Ca	orporation Name)		(Document #)
Walk in	Pick up time		Certified Copy
Mail out	Will wait	Photocopy	Certificate of Status

<u> </u>	NEW PHINGS
\times	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	ć
Annual Report	
Fictitious Name	
Name Reservation	

REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
Reinstatement
Trademark
Other

Examiner's Initials

ARTICLES OF INCORPORATION

FILED

OF

2004 FEB -4 P 1:35

SUPERIOR WOODWORKS & MORE, INC.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of this corporation shall be: Superior Woodworks & More, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 7885 West 28th Avenue, Hialeah, FL 33016

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any and all lawful business.

ARTICLE IV CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at one time is: 100 shares

ARTICLE V DIRECTORS & OFFICERS OF CORPORATION

PRESIDENT & DIRECTOR VICE PRESIDENT TREASURER & DIRECTOR SECRETARY

Jorge A. Merida Milay Merida Cary Rodriguez Clara Merida

ARTICLE VI REGISTERED AGENT AND ADDRESS

The name and address of the initial Registered Agent is: Cary Rodriguez, 7885 West 28th Avenue, Hialeah, FL 33016.

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are): Cary Rodriguez, 7885 West 28th Avenue, Hialeah, FL 33016.

The undersigned has (have) executed these Articles of Incorporation this 2nd day of February 2004.

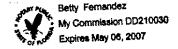
Cary Rodriguez

STATE OF FLORIDA COUNTY OF MIAMI-DADE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the Court aforesaid, to take acknowledgments, personally appeared Cary Rodrigue., to me known to be the person(s) described in and who

executed the foregoing instrument or have produced <u>drivers</u> as identification and who did take an oath and acknowledged before me that they executed the same.

WITNESS my hand and official seal in the County and State last aforesaid the day of February, 2004.



Printed Name: Bety Ferrance

My Commission expires: 50407

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating registered office/registered agent in the State of Florida.

- 1. The name of the corporation is: Superior Woodworks & More, Inc.
- 2. The name and address of the Registered Agent and office is: Cary Rodriguez, 7885 West 28th Avenue, Hialeah, FL 33016.

Name: Cary Rodriguez

Registered Agent

Date: 2-2-04

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

By:

Name: Cary Rodriguez

Registered Agent

SECRETARY OF STATE,