

P0500016 4281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

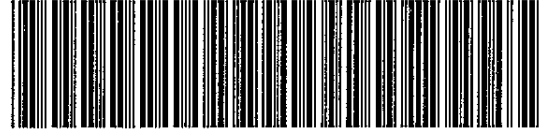
(Business Entity Name)

(Document Number)

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

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05 DEC 16 PM 2:29  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

12/19

## TRANSMITTAL LETTER

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

**SUBJECT:** Superior Sea Wall and Dock Repair 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 checked="" 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:** \_\_\_\_\_ Michael H. Macken  
Name (Printed or typed)

\_\_\_\_\_ 3434 Wilson Dr.  
Address

\_\_\_\_\_ Holiday, Florida 34691  
City, State & Zip

\_\_\_\_\_ 727-858-0107  
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 Sea Wall and Dock Repair Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3434 Wilson Dr.  
Holiday, Florida 34691

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For All Lawfull Business

### ARTICLE IV SHARES

The number of shares of stock is:

10,000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Michael H. Macken, President  
3434 Wilson Dr.  
Holiday, Florida 34691

### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Michael H. Macken  
3434 Wilson Dr.  
Holiday, Florida 34691

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michael H. Macken  
3434 Wilson Dr.  
Holiday, Florida 34691

\*\*\*\*\*

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

12-14-05  
Date

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

12-14-05  
Date

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