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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers OCT 20 2009

COVER LETTER

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

SUBJECT: SUPERIOR DISPOSAL, 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 Filing Fee

☐ $78.75 Filing Fee & Certificate of Status

☐ $78.75 Filing Fee & Certified Copy

☐ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: MELROSE ACCOUNTING
Name (Printed or typed)

P.O. BOX 1430
Address

MELROSE, FL. 32666
City, State & Zip

352-475-2100
Daytime Telephone number

GARYJONES@MELROSEACCOUNTING.COM
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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 DISPOSAL, INC.

ARTICLE II PRINCIPAL OFFICE

The principal **street** address and mailing address, if different is:

5800 BEACH BLVD. #176
JACKSONVILLE, FLORIDA 32207

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TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

DAVID LINQUIST, PRESIDENT
5800 BEACH BLVD. #176
JACKSONVILLE, FLORIDA 32207

CHARITY TURNER, VP, SEC., TREASURER
5800 BEACH BLVD. #176
JACKSONVILLE, FLORIDA 32207

ARTICLE VI REGISTERED AGENT

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

CHARITY TURNER
5800 BEACH BLVD #176
JACKSONVILLE, FLORIDA 32207

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

CHARITY TURNER
5800 BEACH BLVD. #1176
JACKSONVILLE, FLORIDA 32207

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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

Charity Turner
Signature/Registered Agent

10/15/2009
Date

Charity Turner
Signature/Incorporator

10/15/2009
Date