Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000162524 3)))



H100001625243ABCV

	T hit the REFRESH page. Doing so wil			-	,	10
To:					25 T	\$7121 112 A
	Division of Con	rporation	ıs		_ (() 4 h	л [
	Fax Number	: (850)	517-6381			- •
From:					021	5 E. e.a.i
	Account Name	: BERRIZ	Z & GIRAL	DO P.A.		- "1490
	Account Number	: 119990	000017		>	
	Phone	: (305)4	185-9300		,	
	Fax Number	: (305)	185-1.098			
Enter the email a annual report Email Address:	ddress for this mailings. Enter		_			.
					#	
					टी हरू ना	
FLORID	A PROFIT/NO	N PROF	IT CORF	ORAT	ION	
SU <u>P</u>	ERIOR MAINT	ENANC	E GROU	P, INC.	ION FOR SECTION	
C	Certificate of Status		0		at at	92

05

\$78.75

Certified Copy
Page Count

Estimated Charge

H10000 1625243

ARTICLES OF CORPORATION

OF

SUPERIOR MAINTENANCE GROUP, INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporate, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

SUPERIOR MAINTENANCE GROUP, INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:

 To have perpetual succession by its corporate

name:

SUPERIOR MAINTENANCE GROUP, INC.

CLARA GIRALDO P.A. 4080 SW 84 AVE SUITE C MIAMI, FL 33155 (305) 485-9300 H1 0000 162 5243.

H1 0000 1625243

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$10.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The street address of the initial registered office and the name of the initial Registered Agent of this corporation shall be:

ORIOL E. LOPEZ 3095 N. COURSE DR # 505 POMPANO BEACH, FL. 33069

The principal office shall be:

3095 N. COURSE DR # 505 POMPANO BEACH, FL. 33069

H10000 1625243.

07/14/2010 15:41

3954851989

3054851098

BERRIZ&GIRALDD

PAGE B1

ARTICLE VI

The initial Board of Directors shall consist of a total of ONE(01) person, and the name and address of the person who is to serve as an initial director is:

ORIOL E. LOPEZ 3095 N. COURSE DR # 505 POMPANO BEACH, FL. 33069 PRESIDENT

The name and address of the incorporator executing these Articles of Incorporation is

> ORIOL E. LOPEZ 3095 N. COURSE DR # 505 POMPANO BEACH, FL. 33069

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this JULY 14,2010

district to?

07/14/2010 15:41

3054851898

BERRIZ&GIRALDO

PAGE 82

CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, Submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The Name of the corporation is:

SUPERIOR MAINTENANCE GROUP, INC.

2. The Name and Address of the registered agent and office is

ORIOL E. LOPEZ 3095 N. COURSE DR # 505 POMPANO BEACH, PL 33059

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

H1 0000 162 5243.

Σ.α

8666-446-796

ORIOL LOPEZ

910:40 OF 41 luc