

P11000043789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

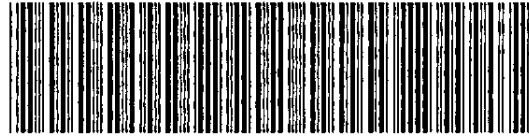
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/05/11--01010--006 **70.00

FILED
11 MAY -5 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓ 05/06/11

COVER LETTER

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

SUBJECT: Superior Surgical 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:

<input checked="" type="checkbox"/> \$70.00 Filing Fee	<input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
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ADDITIONAL COPY REQUIRED

FROM: Michael Shulman
Name (Printed or typed)

323 Bayfront Drive
Address

Boynton Beach FL 33435
City, State & Zip

561-523-0623
Daytime Telephone number

drkforce13@yahoo.com
E-mail address: (to be used for future annual report notification)

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 Surgical Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1012 S. 12th St.
Lantana, FL 33462

Mailing address, if different is:

PO Box 3066
Boynton Beach, FL ~~33436~~
33424-3006

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

surgical assistant services for hospitals
and private doctors.

ARTICLE IV SHARES

The number of shares of stock is:

100 51 Marvin | 49 Michael

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marvin Dozeer Pres.
Address: 1012 S. 12th St.
Lantana, FL 33462
President

Name and Title: _____
Address: _____

Name and Title: Michael Shulman VP
Address: 323 Bayfront Dr.
Boynton Beach, FL 33426
Vice President

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Michael Shulman
Address: 323 Bayfront Drive
Boynton Beach, FL 33435

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michael Shulman
Address: 323 Bayfront Dr.
Boynton Beach, FL 33435

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TALLAHASSEE, FLORIDA

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

Michael B. Shulman
Required Signature/Registered Agent

5/2/11
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Michael B. Shulman
Required Signature/Incorporator

5/2/11
Date