

P12 00 0042314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

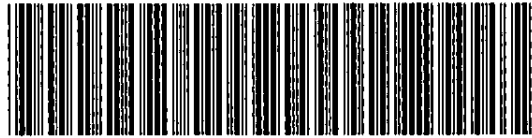
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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05/04/12--01019--001 \*\*78.r's

2012 MAY -4 AM 11:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

J. Shivers MAY 07 2012

**COVER LETTER**

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

**SUBJECT: SUPERIOR GENERAL STAFFING 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: YUNIOR LOPEZ  
Name (Printed or typed)

3939 N.W. 7 STREET #209  
Address

MIAMI, FLORIDA 33126  
City, State & Zip

786-287-8520  
Daytime Telephone number

\_\_\_\_\_  
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** SUPERIOR GENERAL STAFFING INC

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
3939 N.W. 7 STREET  
SUITE 209  
MIAMI, FLORIDA 33126

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
ANY LAWFULL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: YUNIOR LOPEZ, P  
Address: 3939 N.W. 7 STREET  
SUITE 209  
MIAMI, FLORIDA 33126

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
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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: YUNIOR LOPEZ  
Address: 3939 N.W. 7 STREET #209  
MIAMI, FLORIDA 33126

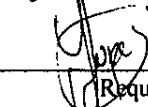
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: YUNIOR LOPEZ  
Address: 3939 N.W. 7 STREET #209  
MIAMI, FLORIDA 33126

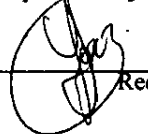
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Required Signature/Registered Agent

04/25/2012  
\_\_\_\_\_  
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.

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

04/25/2012  
\_\_\_\_\_  
Date