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| (Requestor's Name) | |
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| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| | |
| (Business Entity Name) | |
| | |
| (Document Number) | |
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| Certified Copies Certificates of Status | |
| | |
| Special Instructions to Filing Officer: | |
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Office Use Only



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COVER LETTER

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

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| SUBJECT: | Superb C (PROPOSED CORPORA | | Services, | INC |
|-----------------------|--------------------------------------------|-------------------------------------|------------------------------------------------------------|-----|
| Enclosed are an o | riginal and one (1) copy of the arti | cles of incorporation ar | nd 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 C | COPY REQUIRED | |
| FROM: _ | TINA Name Name | e (Printed or typed) | tte Rd | |
| _ | <u> </u> | Address | | ~) |
| - | lauo | State & Zip | , FC 至323(|)(|
| - | Daytime T | SSO) 560 Telephone number | | |
| _ | E-mail address: (to be use | d for future annual repor | T notification 17 | |

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 N | IAME oration shall be: | Super | 210 Re | sidenta' | and 1 | | |
|--------------------------------------------------|----------------------------------------|----------------------------------------------|----------------------------------|----------------------------|-------------------------------------|-------------------------------------|-------------|
| ARTICLE II P | RINCIPAL OF | FICE | | | | Cleanin | d Sorvice |
| <u>-</u> | Principal stree | | | | Mailing addres | s, if different is: 2 August | ne Place |
| ARTICLE III PU | ch the corporation | - | | | | | |
| | @ | leaning | Service | ا | | . . | |
| | | · | Res | identa | ano | Commerce | ial |
| ARTICLE IV S. The number of shares | s of stock is: 2 | • | | | | | |
| | | ERS AND/OR D | | | | | |
| Name and Title Address: | | flen / O Midyelle Fla 32 | | Name and Title Address: | | | |
| Name and Title Address: | Teen 312 Tau | y Ison Carret 1 1 ah a ssee 3 2 3 1 | no-owner ates St Fla | Name and Title Address: | | | |
| Name and Title Address: | ÷ | | | Name and Title | | | |
| Address. | | | | | | PH RS | - |
| ARTICLE VI R. The name and Florid Name: Address: | Tina | | Rd | ne registered age | nt is: | MY 10 PM W | |
| | NCORPORATO | | | | | 是 5 | |
| The name and addre Name: Address: | lina_ 201 | atoris: Allen 14 Midyette XV, Fla 3 | Rd 32301 | , | | DA. | |
| Having been named this certificate, I din f | as registered age familiar with and | nt to accept servic accept the appoint | e of process f ment as regist | or the above states | ated corporation agree to act in | on at the place de this capacity | signated in |
| | na Required Si | gnature/Registered | Agent | | | 5-10- | 12 |
| I submit this docume document to the Depo | ent and affirm th | at the facts stated | herein are tr | ue. I am aware | that the falso | e information sub | mitted in a |
| аоситет то те Дерс | urimeni oj siaie c | onsiliules a inira a | egree jewny t | is provided jor i | н мот/«Гээ, Г | 5-10- | 2 |
| | Required | Signature/Incorpo | rator | | | Date | |