

P130000054701

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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13 JUN 24 PM 3:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1112-29153 CMD 6/25

**COVER LETTER**

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

SUBJECT: Superior Surfaces of Florida, 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: Ashton Johnson  
Name (Printed or typed)

8640 Peach Street  
Address

Jax. FLA. 32220  
City, State & Zip

(904) 233-4754  
Daytime Telephone number

Ashton.Johnson21@yahoo.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 17, 2013

ASHTON JOHNSON  
8640 PEACH ST.  
JACKSONVILLE, FL 32220

SUBJECT: SUPERIOR SURFACES FL. INC.  
Ref. Number: W13000029153

We have received your document for SUPERIOR SURFACES FL. INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The name of the city must be spelled in its entirety - abbreviations are not acceptable.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey  
Regulatory Specialist II  
New Filing Section

Letter Number: 013A00012488

**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 SURFACES FL. INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is

8640 PEACH ST.  
JACKSONVILLE, FL 32220

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CLERK OF THE CIRCUIT COURT  
FLORIDA  
JACKSONVILLE

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: PROFESSIONAL CORPORATION

**ARTICLE IV SHARES**

The number of shares of stock is: 10

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

Name and Title: ASHTON JOHNSON Name and Title: \_\_\_\_\_

Address: 8640 PEACH ST. Address: \_\_\_\_\_  
JACKSONVILLE, FL 32220

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

(conti.)

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

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 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name: ASHTON JOHNSON  
 Address: 8640 PEACH ST.  
JACKSONVILLE, FL 32220

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ASHTON JOHNSON  
 Address: 8640 PEACH ST.  
JACKSONVILLE, FL 32220

*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*

[Signature] Required Signature/Registered Agent 05/13/13 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.*

[Signature] Required Signature/Incorporator 5/13/13 Date