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(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Ĉi	ty/State/Zip/Phone	∋ #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s 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

_{SUBJECT:} Sup	ergized, Inc.		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:
■ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: C	hamwattee Ali		
	Nam	e (Printed or typed)	
9	174 Delemar Co	urt	
		Address	_
W	ellington, FL 334	414 , State & Zip	
56	61-293-2424	•	
	Daytime 1	Celenhone number	

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

imran@supergized.com

E-mail address: (to be used for future annual report notification)

Chamwattee Ali Supergized, Inc. 9174 Delemar Court, Wellington, FL 33414 Phone 561-293-2424

October 10, 2013

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

Dear Sir/Madam,

Reference SUPERGIZED, INC. document # P11000046207, we will not reinstate this corporation. Please accept our apologies for this inconvenience.

We would request to form a new corporation with the same name: Supergized, Inc. Please see attached our paperwork and the check for \$70 filing fees.

Please feel free to call us at 561-293-2424 or email us at imran@supergized.com.

Thank you very much in advance for your help.

Best Regards,

bliamwattee of Chamwattee Ali

13 OCT | S AM 7: 49
SECRETARY OF STATE
ALL AHASSEE FLORIO

OCT IS AN 7-1

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

Principal of street address		Mailing	Mailing address, if different is:	
74 Delemai	r Court			
ellington, Fl	L 33414			
	PPOSE the corporation is organized is:			
	·			
	stock is: TOO TIAL OFFICERS AND/OR DIRECTOR	_	TALLAHAS	
number of shares of TICLE V INIT	TIAL OFFICERS AND/OR DIRECTOR: Chamwattee Ali Vice President	Name and Title:	IS IS ASSI	
number of shares of	TIAL OFFICERS AND/OR DIRECTOR: Chamwattee Ali Vice President	_	IS ASS	
TICLE V INITERING	TIAL OFFICERS AND/OR DIRECTOR e: Chamwattee Ali Vice President 9174 Delemar Court	Name and Title:	15 AM 7: 49 TARY OF STATE ASSEE FLORIDA	
TICLE V INITERING	TIAL OFFICERS AND/OR DIRECTOR: Chamwattee Ali Vice President 9174 Delemar Court Wellington, FL 33414	Name and Title: Address: Name and Title:	15 AM 7: 49 TARY OF STATE ASSEE FLORIDA	
Name and Title Address	TIAL OFFICERS AND/OR DIRECTOR: Chamwattee Ali Vice President 9174 Delemar Court Wellington, FL 33414	Name and Title: Address: Name and Title: Address:	15 AM 7: 49 TARY OF STATE ASSEE FLORIDA	
Name and Title Address	TIAL OFFICERS AND/OR DIRECTOR Chamwattee Ali Vice President 9174 Delemar Court Wellington, FL 33414	Name and Title: Address: Name and Title: Address: Name and Title:	15 AM 7: 49 TARY OF STATE ASSEE FLORIDA	

Name and	d Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT	
The name and FI	orida street address (P.O. Box NOT acceptable) o	of the registered agent is:
Name:	Chamwattee Ali	_
Address:	9174 Delemar Court	_
	Wellington, Fl 33414	_
ARTICLE VII	INCORPORATOR	
The name and ad	Idress of the Incorporator is:	
Name:	Chamwattee Ali	_
Address:	9174 Delemar Court	_
	Wellington, Fl 33414	-
	ned as registered agent to accept service of proces	s for the above stated corporation at the place designated in gistered agent and agree to act in this capacity
	blianualle Al	10-10-13
	Required Signature/Registered Agent	Date
	ument and affirm that the facts stated herein are Department of State constitutes a third degree felot	true. I am aware that the false information submitted in a my as provided for in s.817.155, F.S.
	blyamuettee Hi	10-10-13
	Required Signature/Incorporator	Date

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SECRETARY OF STATE