P1400029947

(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

2553-611

W14000009546



400256388634

02/10/14--01034--005 **87.50

SECONDARY OF STATE ON STATE OF STATE OF STATE ON STATE OF STATE OF

Cr 4/3/14

COVER LETTER

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

SUBJECT: SUPERIOR SERVICES OC, 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 \$78.75 **\$78.75 \$87.50** Filing Fee Filing Fee Filing Fee Filing Fee, & Certified Copy & Certificate of Status Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED

M: DAVID STRANGIE		
Name (Printed or typed)		
523 Harvard Place		
Address		الدينية مسيحي
Apopka, FL 32703	4 HAR	1818
City, State & Zip	ယ်	***
407-312-3678	P	
Daytime Telephone number	.; 	: :
david@superiorservicesoc.com	0 1:	
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

RECEIVED

14 MAR 31 PH 12: 10

A CHARACISER, TERRIDA

March 12, 2014

DAVID STRANGIE 523 HARVARD PLACE APOPKA, FL 32703 2ND MAILING

SUBJECT: SUPERIOR SERVICES OC, INC.

Ref. Number: W14000009546

We have received your document for SUPERIOR SERVICES OC, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

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.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 414A00005455

14 MAR 31 PH 2: LO



February 13, 2014

DAVID STRANGIE 523 HARVARD PLACE APOPKA, FL 32703

SUBJECT: SUPERIOR SERVICES OC, INC.

Ref. Number: W14000009546

We have received your document for SUPERIOR SERVICES OC, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

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.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 414A00003331

AV MAR 31 PM 9: LO

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

<i>(</i> , ,)	In compliance with Chapter 607 and/	or Chapter 621, F.S. (Profit)	FILEU SERRI LADY OF ST	r 4.7
CLE I NAM	ME Superior Services	OC, Inc.	SECRETARY OF ST JIVISHA OF CORPOR	AT AT
CLE II PRI	NCIPAL OFFICE Principal <u>street</u> address		14 MAR 31 PM 2: ess, if different is:	40
Harvard F	· · · · · · · · · · · · · · · · · · ·		 	
opka, FL 3	2703		· · · · · · · · · · · · · · · · · · ·	
CLE III PUR				
•	he corporation is organized is:LAWFUL BUSINESS			
	- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
CLE IV SHA				
CLE V INI	LRES stock is: 1000			
CLE V INI	IRES 1000 stock is:	<u>s</u>		
CLE V INI	LRES stock is: 1000 FIAL OFFICERS AND/OR DIRECTOR DAVID STRANGIE, PRESIDENT	SE Name and Title:		
Name and Title Address	NRES stock is: 1000 FIAL OFFICERS AND/OR DIRECTOR DAVID STRANGIE, PRESIDENT 523 HARVARD PLACE	S Name and Title:		
Name and Title Address	TAL OFFICERS AND/OR DIRECTOR DAVID STRANGIE, PRESIDENT 523 HARVARD PLACE APOPKA, FL 32703	S Name and Title: Address:		
Name and Title Address Name and Title	LRES stock is: 1000 FIAL OFFICERS AND/OR DIRECTOR DAVID STRANGIE, PRESIDENT 523 HARVARD PLACE APOPKA, FL 32703	S Name and Title: Address:		
Name and Title Address Name and Title Address	LRES stock is: 1000 FIAL OFFICERS AND/OR DIRECTOR DAVID STRANGIE, PRESIDENT 523 HARVARD PLACE APOPKA, FL 32703	S Name and Title: Address: Name and Title: Address:		

Name and	l Title:	Name and Title:
Address	-	Address:
	·	
RTICLE VI	REGISTERED AGENT	·
e <u>name and Flo</u>	orida street address (P.O. Box NOT acceptable) of	f the registered agent is:
ame:	David Strange	-
ddress:	523 Harvard Place	· -
	Apopka, FL 32703	- DA
RTICLE VII	INCORPORATOR	·
e <u>name and ado</u>	dress of the Incorporator is:	
Name:	DAVID STRANGIE	
Address:	523 HARVARD PLACE	
	APOPKA, FL 32703	
	ed as registered agent to accept service of process in familiar with and accept the appointment as reg	for the above stated corporation at the place designated in istered agent and agree to act in this capacity
\mathcal{L}	Carlist Throngin	02-05-14
	Required Signature/Registered Agent	Date
	ment and affirm that the facts stated herein are a epartment of State constitutes a third degree felony	true. I am aware that the false information submitted in a v as provided for in s.817.155, F.S.
	and Atronge	02-05-14
	Required Signature/Mcorporator	Date

14 MAR 31 PH 2: 40