

PI 400076/05

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

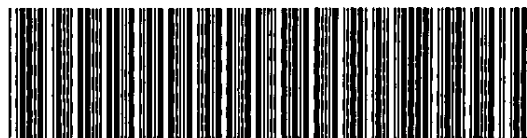
(Document Number)

Certified Copies _____ Certificates of Status ☒

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Office Use Only

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2014 AUG 21 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 11, 2014

DANIEL RAY
849 NE 30 STREET
OAKLAND PARK, FL 33334

SUBJECT: NO NAME CORRESPONDENCE RETURNED
Ref. Number: W14000049005

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

Please provide us with the corporation name. There was no corporation name listed on your articles of incorporation.,

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.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 414A00017205

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 PLEXI BOXES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

849 NE 30 Street
Oakland Park, FL 33334

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TALLAHASSEE, FLORIDA
Mailing address, if different:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Making Plexi boxes

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Daniel Ray, President

Address: 849 NE 30 Street
Oakland Park, FL 33334

Name and Title: Kevin Kichar, Vice President

Address: 849 NE 30 Street
Oakland Park, FL 33334

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

(cont.)

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Marie Showell
Address: 4979 SW 92 Terrace
Cooper City, FL 33328

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Daniel Ray
Address: 849 NE 30 Street
Oakland Park, FL 33334

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

Marie Showell
Required Signature/Registered Agent

7-29-14
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.

Daniel M. Ray
Required Signature/Incorporator

7/29/14
Date