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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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15 JAN 14 PM 4:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 20 2015

S. GILBERT


TO: Department of State -- Division of Corporations -- Corporate Filings

RE: Superior Tower Services, Inc. -- S-Corp

I called in and was advised by the representative I spoke with to write and mail this request.

Please release our name "Superior Tower Services" so it becomes available for use again.

Thank you,

Debbie Cope (now Debbie Heard) 

(305) 281-2241

**COVER LETTER**

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

SUBJECT: Superior Tower Services, 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  
Filing Fee      Filing Fee  
                         & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Debbie Heard / Matt Heard  
Name (Printed or typed)

12507 SW 119th terr.  
Address

Miami, FL 33186  
City, State & Zip

305-281-2241  
Daytime Telephone number

Debbie8584@aol.com  
E-mail address: (to be used for future annual report notification)

**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 NAME

The name of the corporation shall be: Superior Tower Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

12507 SW 119th terr.

Miami, Fl. 33186

Mailing address, if different is:

" "

" "

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Provide Telecommunications Services.

ARTICLE IV SHARES

The number of shares of stock is: 2000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Matt Heard (owner) P Name and Title: \_\_\_\_\_

Address 12507 SW 119th terr. Address: \_\_\_\_\_

Miami, Fl. 33186 \_\_\_\_\_

\_\_\_\_\_

Name and Title: Debbie Heard (co-owner) VP Name and Title: \_\_\_\_\_

Address 12507 SW 119th terr. Address: \_\_\_\_\_

Miami, Fl. 33186 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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: Matt Heard

Address: 12507 SW 119th terr.

Miami, Fl. 33186

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Matt Heard

Address: 12507 SW 119th terr.

Miami, Fl. 33186

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

Matt Heard  
Required Signature/Registered Agent

1/8/15  
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.

Matt Heard  
Required Signature/Incorporator

1/8/15  
Date