

P1500000S737

(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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01/22/15--01014--016 **78.75

JAN 22 2015
T. SCOTT

15 JAN 22 PM 12:00
DIVISION OF REVENUE

COVER LETTER

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

SUBJECT: Superior's Shop & Dine 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 checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Jerome Smith
Name (Printed or typed)

1811 Silver Leaf Court
Address

Marietta, Georgia
City, State & Zip

404 - 357 - 3268
Daytime Telephone number

superiorsports007@gmail.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's Shop & Dine Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1811 Silver Leaf Court

Marietta, Georgia 30008

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide transportation services to hotel guests around the nation.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jerome Smith, Chairman & CEO

Address: 1811 Silver Leaf Court
Marietta, Georgia 30008

Name and Title: Troy Washington, President

Address: 2737 Luke Drive
Ellenwood, Georgia 30294

Name and Title: Tonya Smith, Director

Address: 1811 Silver Leaf Court
Marietta, Georgia 30008

Name and Title: Robin Washington, Director

Address: 2737 Luke Drive
Ellenwood, Georgia 30294

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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(conti.)

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: Dianna Nesbitt - Barnes
Address: 2360 Northwest 154 Street
Miami, Florida 30054

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

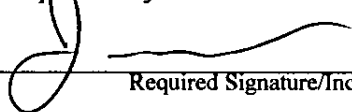
Name: Jerome Smith
Address: 1811 Silver Leaf Court
Marietta, Georgia 30008

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


Required Signature/Registered Agent

1/19 / 2015
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.


Required Signature/Incorporator

1/19 / 2015
Date