(Re	questor's Name)	
(Ad	dress)	
<b>(</b>	,	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
(2.2		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	



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## **COVER LETTER**

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

SUBJECT: SUPER SERVICES CLEANING CORP., (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	i 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:	SUPER SERVICES CLEANING CORPORATION
i ROM.	Name (Printed or typed)
	6260 DELL STREET
	Address
	ORLANDO, FL 32809
	City, State & Zip
	407-284-2836
	Daytime Telephone number
	FIVEGUYSESTHER@GMAIL.COM  E-mail address: (to be used for future annual report notification)
	c-man address. (to be used for future annual report normcation)

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)

The name of the corpora	ME SUPER SERVICE	S CLEANING CC	RP	
ARTICLE II PRINCIPAL OFFICE Principal street address 6260 DELL STREET ORLANDO, FL 32809		Mailing address, if different is: 6260 DELL STREET		_
		ORLANDO, FL 32809		
407-284-283	407-284-2836		6	_
HEAVY CLEA	the corporation is organized is:ANING, LIGHT CLEANING AND RESIDENTIAL	, CONTRUCTION	I CLEANING	
ARTICLE IV SH. The number of shares of	ARES f stock is: 2	S	NS DEC -2 SECTIONS TALLAHASED	4
Name and Titl	e:ESTHER HERNANDEZ- PRESIDENT	Name and Title:	1720	- <del>ප්ර්ි</del> -
Address	6260 DELL STREET	Address:		_
	ORLANDO, FL 32809		.,527 (1,544)	_
	407-284-2836	·		_
Name and Title	ANAIS J. BAUTE-VICE- PRESIDENT	Name and Title:		
Address	4911 SCENIC VISTA DR	Address:	,	_
	ST CLOUD, FL 34771			_
	407-733-4402			<del>-</del>
Name and Title	×	Name and Title:		_
Address	<u></u>	Address:		_
				_

Name and	d Title:	Name and Title:	
Address		Address:	
ARTICLE VI The name and Flo Name:	REGISTERED AGENT Orida street address (P.O. Box NOT acceptable) o ESTHER HERNANDEZ	f the registered agent is:	15 OFC -2 SECREPTION TALLAHISSEE
Address:	6260 DELL STREET ORLANDO, FL 32809	-	FLORIDA
ARTICLE VII The name and ad Name:	INCORPORATOR  dress of the Incorporator is:  ESTHER HERNANDEZ		
Address:	6260 DELL STREET ORLANDO, FL 32809	-	
	ned as registered agent to accept service of process am familiar with and accept the appointment as reg		
	Required Signature/Registered Agent		Date
I submit this document to the L	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false ny as provided for in s.817.155,	F.S.
63467	Menonday	·	12/01/2015
	Required Signature/Incorporator		Date