

P20000014937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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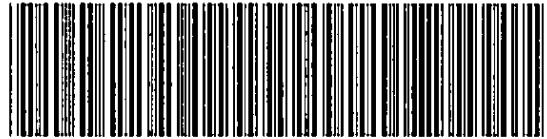
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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## COVER LETTER

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

SUBJECT: Superior Cleaning Services By TERESA S. Smith  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) LLC

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: TERESA S. Smith  
Name (Printed or typed)

1401 W. Hwy. 50 lot 168  
Address

Clermont Florida 34711  
City, State & Zip

352 988 8034  
Daytime Telephone number

SCSTSSLLC@GMAIL.Com  
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles

2020 JAN 30 PM 2:33  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

**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 CLEANING SERVICES B/TERESA S SMITH

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1401 W. HWY 50 LOT 168  
CLERMONT, FLORIDA 34711

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

**ARTICLE IV SHARES**

The number of shares of stock is: 0

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: TERESA S. SMITH

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

Address 1401 W. HWY 50 LOT 168  
CLERMONT, FLORIDA  
34711

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

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

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

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
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**FILED**  
2020 JAN 30 PM 2:33  
SECRETARY OF STATE  
TALLAHASSEE, FL

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: TERESA S. SMITH

Address: 1401 W. HWY. 50 Lot 168  
CLERMONT, FL. 34711

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: TERESA S. SMITH

Address: 1401 W. HWY. 50 Lot 168  
CLERMONT, FL. 34711

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2020 JAN 30 PM 2:33  
SECRETARY OF STATE  
TALLAHASSEE, FL

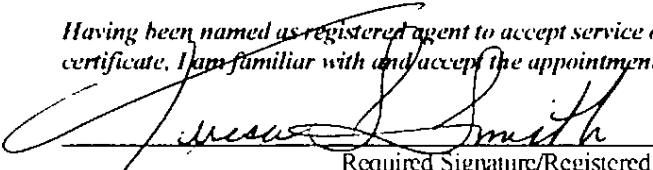
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

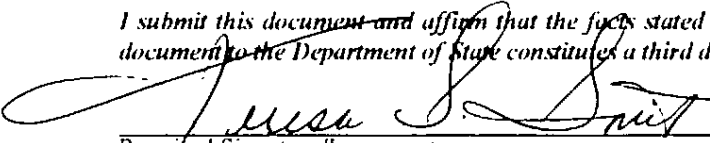
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

1/25/2020  
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

1/25/2020  
Date