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Donarimo	ent of State	~08/04/95010390 *****70.00 *****7
Division o	of Corporations	
P.O. Box 6	6327 ee, FL 32314/\	
10110110331	: Superier Locatons Inc	
SUBJECT	r:LOCATERSINC	'
	(Proposed corporate name)	
Enclosed \$	is an original and one (1) copy of the articles of incorporation a \mathcal{O} . \mathcal{O}	nd a check for
FROM:	Superior Location Inc.	
	Name (printed or typed) 1809 North Fine Tsknd Rd. #	<u> </u>
•	Address	/-
	TAMPIAC (F) 35321 City, State, & Zip	
•	City, State, & Zip	
	<u> 30</u> 5 978-7475	
	Telephone Number	
	, 5	74. 9
	$\prec \sim$	15 AU

Note: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

95 NUG-4 LH 9:53

OF

Superion Lacatory INC

The undersigned incorporator(s), for the purpose of formins a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE | NAME

The name of the corporation shall be:

Superier Leastery INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

POEG A PAR. Island Rd. # 157 Tamping Fol 33321

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

gent is:

The No Share I should # 157

Tomal A. F. 133321

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

17 1 1 1 33321 TAMPIRE, FIL 33321

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

day of July 19 95.

Yellong July Signature

Signature

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1.	The name of the corporation is: Superior functions Inc
2.	The name and address of the registered agent and office is:
	8269 A PAR TS LOND AND H 157
	(P O. Box NOI acceptable)
	(PO Box NOI acceptable)
	(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

DATE _____

REGISTERED AGENT FILING FEE: \$35.00