RINGHTAN LEZER 1666

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

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Superior Reclaim Sys

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

- \$70.00 Filing Fee
- \$78.75
- Filing Fee
- & Certificate
- \$122,50
- Filing Fee
- & Certified Copy
- \$131.25
- Filing Fee,
- Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: Pame a TATE
Name (Printed or typed)

2710 SE FTD PL Address

CAPE CORAL FLA

City, State & Zip

941-458-0303

Daytime Telephone number

MAY 5. ■ 65B

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

97 MAY - I AMII: 20
TALLAI FIORIDA

ARTICLE I				
The name of the o	corporation sl	nall be:		. 1
SUPE	RIDR	nall be: RECLAIM	SYSTEMS,	100
	• . – .			

AR HCLE II	<u>_PRINCIPA</u>	IL UFFIC	E:	
The principal place	of business a	nd mailing	address of this corpo	oration shall be:
2710	SE 8th	PL	•	
CAPE	CORAL	FLA	33904	

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are:

PAMELA TATE 2710 SESTO PL CAPE CORAL, FL 33904

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

PAMELA TATE 2710 SE 8TE PL CAPE GRAL, FL 33904

4-27-97

april 29, 1997 Sonta &

SANTA RIVERA COMMISSION # CC 450606 EXPIREB: April 4, 1999 130 - 1 Thru Notary Public Underwitters

(An additional article must be added if an effective date is requested.)

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 Signature/Registered Agent 4-27-97 Date