

P04000142541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

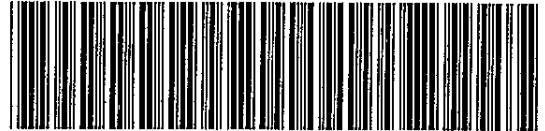
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

10/15/04

## TRANSMITTAL LETTER

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

SUBJECT: SERMA ENTERPRISES, 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  
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: NORMA ROBINSON  
Name (Printed or typed)

1621 E Mulberry DR  
Address

TAMPA FL 33604  
City, State & Zip

813 932-9288  
Daytime Telephone number

**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

SERMA ENTERPRISES, INC

### ARTICLE II      PRINCIPAL OFFICE

The address of the principal office of this Corporation shall be 1621 East Mulberry Drive, Tampa, Florida and the mailing address shall be P. O. BOX 9690, Tampa, Florida 33674-9690

### ARTICLE III      PURPOSE

The purpose for which the corporation is organized is to conduct any and all business activities, which are not contrary to law.

### ARTICLE IV      SHARES

The number of shares of stock is 7000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

JOSEPH B ROBINSON, SR	PRESIDENT/TREASURER
NORMA J ROBINSON	VICE PRESIDENT/SECRETARY

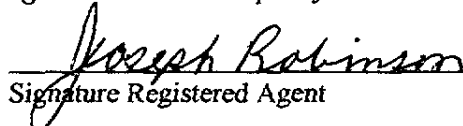
### ARTICLE VI      REGISTERED AGENT

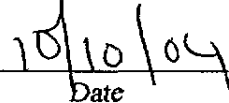
JOSEPH B ROBINSON, SR  
1621 EAST MULBERRY DRIVE  
TAMPA, FLORIDA 33604

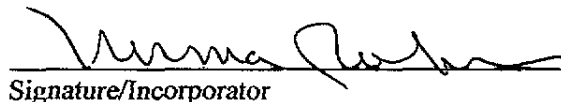
### ARTICLE VII INCORPORATOR

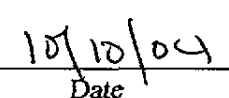
NORMA J ROBINSON  
1621 EAST MULBERRY DRIVE  
TAMPA, FLORIDA 33604

\*\*\*\*\*  
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

  
\_\_\_\_\_  
Signature Registered Agent

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA