

P140000 14119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

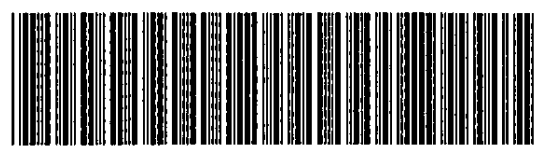
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

B2/n/14



200256431622

02/07/14--01003--005 **87.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 FEB -7 AM 11:30

COVER LETTER

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

SUBJECT: SERA PD 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: R S Ramdas
Name (Printed or typed)
1001 Brickell Bay Dr ; Suite # 3102/08
Address
Miami, FL, 33131
City, State & Zip
305-347-7273
Daytime Telephone number
r_ramdas@dsadvisors.com
E-mail address: (to be used for future annual report notification)

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
The name of the corporation shall be: SERA PD INC.

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
1001 Brickell Bay Dr ; Suite # 3102/08
Miami, FL; 33131

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Investment

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 FEB 17 AM 11:30

ARTICLE IV SHARES
The number of shares of stock is: 1,000 Shares of \$1.00 each

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(conti.)

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: R S Ramdas
 Address: 1001 Brickell Bay Dr ; Suite # 3102/08
Miami, FL, 33131

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 14 FEB - 7 AM 11:30

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: R S Ramdas
 Address: 1001 Brickell Bay Dr ; Suite # 3102/08
Miami, FL, 33131

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 01-31-2014
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 01-31-2014
Date