

P200000 98798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

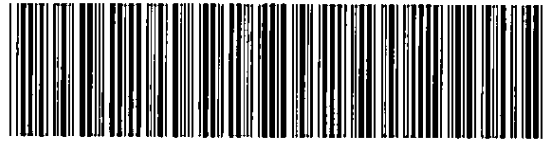
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 12/23/2020

- CERTIFIED COPY** _____
- PHOTOCOPY** _____
- CUS** _____
- FILING** ARTICLES _____

1. SERMANIA BROTHERS INC.
(CORPORATE NAME AND DOCUMENT #) _____
2. _____
(CORPORATE NAME AND DOCUMENT #) _____
3. _____
(CORPORATE NAME AND DOCUMENT #) _____
4. _____
(CORPORATE NAME AND DOCUMENT #) _____
5. _____
(CORPORATE NAME AND DOCUMENT #) _____
6. _____
(CORPORATE NAME AND DOCUMENT #) _____

SPECIAL INSTRUCTIONS: _____

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: Sermania Brothers Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1405 Barlingame Place, Apt. 300
Chesapeake, VA 23320

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Consulting

ARTICLE IV SHARES

The number of shares of stock is: 10,000,000

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FBI

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Vincent J. Sermania Name and Title: Pres/Treas/Director

Address 1405 Barlingame Place, Apt. 300 Address: _____
Chesapeake, VA 23320

Name and Title: Michael P. Sermania Name and Title: VP/Director

Address 1405 Barlingame Place, Apt. 300 Address: _____
Chesapeake, VA 23320

Name and Title: Marytheresa Sermania Name and Title: Sect/Director

Address 1405 Barlingame Place, Apt. 300 Address: _____
Chesapeake, VA 23320

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: Registered Agent Solutions, Inc.

Address: 155 Office Plaza Drive, Suite A

Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

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

Name: Deborah Rappaport

Address: 1180 Welsh Road, Suite 280

North Wales, PA 19454

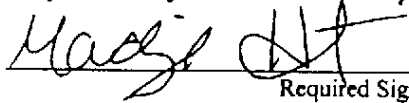
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: January 1, 2021. (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

 Mackenzie Hart, Asst. Secretary
Required Signature/Registered Agent

12/23/2020
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.

Deborah Rappaport
Required Signature/Incorporator Deborah Rappaport, Incorporator

12/23/2020
Date