

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H16000131447 3)))



H160001314473ABC.

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 205-8842  
Fax Number : (850) 878-5368

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**Ceries, Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

RECEIVED

16 MAY 27 PM 3:39

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

FILED  
16 MAY 27 PM 12:45  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

5/31/14

Electronic Filing Menu

Corporate Filing Menu

Help

**COVER LETTER**

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

**SUBJECT:** C'ERIES, 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:** Bernadette M. Dennehy

Name (Printed or typed)

500 Woodward Ave., Suite 4000

Address

Detroit, MI 48226

City, State & Zip

313-223-3767

Daytime Telephone number

BDennehy@dickinson-wright.com

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

FILED  
16 MAY 27 PM 12:46

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

16 MAY 27 PM 12:46

**ARTICLE I NAME**

The name of the corporation shall be: CERIES, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
175 Sarasota Center Boulevard  
Sarasota, FL 34240

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any lawful purpose.

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Clifford Bredenberg/Sole Director

Address: 175 Sarasota Center Boulevard  
Sarasota, FL 34240

Name and Title: Clifford Bredenberg/President

Address: 175 Sarasota Center Boulevard  
Sarasota, FL 34240

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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: Clifford Bredenberg  
Address: 175 Sarasota Center Boulevard  
Sarasota, FL 34240

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Adam J. Wallace  
Address: 500 Woodward Ave., Suite 4000  
Detroit, MI 48226

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business 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 faithful with and accept the appointment as registered agent and agree to act in this capacity*

By:   
Required Signature/Registered Agent

5-27-2016  
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

5-27-2016  
Date

FILED  
16 MAY 27 PM 12:46  
TALLAHASSEE, FL  
STATE DEPARTMENT OF REVENUE