

P/B 000093006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

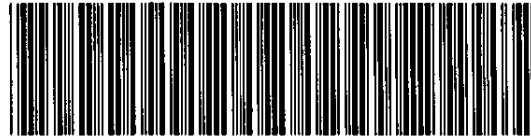
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800292323218

11/17/16--01024--015 **28.75

FILED
NOV 17 2016
16 NOV 17 08:10:52

M. MOON
NOV 17 2016

COVER LETTER

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

SUBJECT: S+S Express Delivery 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Bryan Serniotti
Name (Printed or typed)

850 Sundial Loop
Address

Plant City, FL 33565
City, State & Zip

813-629-2820
Daytime Telephone number

bserniotti@carmedic.net
E-mail address: (to be used for future annual report notification)

FILED
NOV 17 2005
16 NOV 17 AM 10:52

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:

S + S Express Delivery Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

850 Sundial Loop

Plant City, FL 33565

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Paintless Dent Repair

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Bryan Serniothi President

Name and Title:

Address

850 Sundial Loop

Address:

Plant City, FL 33565

Name and Title:

Stacy Serniothi

Name and Title:

Address

Secretary

Address:

850 Sundial Loop

Plant City, FL 33565

Name and Title:

Name and Title:

Address

Address:

15 NOV 17 AM 10:52

SECRET
STATE

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: Bryan Serniotti

Address: 850 Sundial Loop
Plant City, FL 33565

ARTICLE VII INCORPORATOR

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

Name: Bryan Serniotti

Address: 850 Sundial Loop
Plant City, FL 33565

16 NOV 17 AM 10:52
FILED
CLERK OF THE COURT
HILLSBORO COUNTY, FLORIDA

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 familiar with and accept the appointment as registered agent and agree to act in this capacity

Bryan Serniotti

Required Signature/Registered Agent

11/10/16

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.

Bryan Serniotti

Required Signature/Incorporator

11/10/16

Date