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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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155 Office Plaza Dr Ste A Tallahassee FL 32301
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DATE: 5/11/18

NAME: SUPERGEEKS, INC

TYPE OF FILING: ARTICLES

COST: 78.75

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

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

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

FROM: Cassandra Sifford
Name (Printed or typed)

1013 Centre Road, Suite 403-A
Address

Wilmington, DE 19805
City, State & Zip

(800) 441-5940
Daytime Telephone number

info@aillcorp.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: SuperGeeks, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
Alameda Colombia, 454

Residencial 2 - Alphaville

Barueri, Sao Paulo 06470-010

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Computer science school for kids and teens / grant franchises
to potential franchisees

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marco Giroto, Director

Address: Alameda Colombia, 454

Residencial 2 - Alphaville

Name and Title: Vanessa Ban, Director

Address: Alameda Colombia, 454

Residencial 2 - Alphaville

Barueri, Sao Paulo 06470-010

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Florida Filing & Search Services, Inc.
Address: 155 Office Plaza Drive, Suite A
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

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

Name: Cassandra Sifford
Address: 1013 Centre Road, Suite 403-A
Wilmington, DE 19805

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TALLAHASSEE, 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 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

Abbie P. Hodge
Required Signature/Registered Agent

5/11/18
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.

Cassandra Sifford
Required Signature/Incorporator

May 10, 2018
Date