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**FLORIDA PROFIT/NON PROFIT CORPORATION
ALEXIS SERRINS INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2018 DEC 12 AM 11:47

18 DEC 12 AM 10:46
FLORIDA
DIVISION OF CORPORATIONS

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COVER LETTER

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

SUBJECT: ALEXIS SERRINS 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: FILE RIGHT LLC
Name (Printed or typed)
5314 16TH AVE, SUITE 139
Address
BROOKLYN, NY 11204
City, State & Zip
718-878-5811
Daytime Telephone number
sales@fileacorp.com
E-mail address: (to be used for future annual report notification)

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

18 DEC 12 AM 10:46
DIVISION OF CORPORATIONS
STATE OF FLORIDA

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

ALEXIS SERRINS INC.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

401 N FEDERAL HWY, UNIT 212

401 N FEDERAL HWY, UNIT 212

HALLANDALE BEACH, FL 33009

HALLANDALE BEACH, FL 33009

ARTICLE III PURPOSE

ANY LAWFUL PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

1000

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALEXIS SERRINS, PRESIDENT

Name and Title: _____

Address 401 N FEDERAL HWY, UNIT 212

Address: _____

HALLANDALE BEACH, FL 33009

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

SECTION OF CORPORATIONS
DIVISION OF REVENUE
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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: ALEXIS SERRINS

Address: 401 N FEDERAL HWY, UNIT 212
HALLANDALE BEACH, FL 33009

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is

Name: AVI KELLER

Address: 886 EAST NEW YORK AVENUE
BROOKLYN, NY 11203

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

/s/ Alexis Serrins
 Required Signature/Registered Agent

12/11/18
 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.

/s/ Avi Keller
 Required Signature/Incorporator

12/11/18
 Date

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 SECTION OF CORPORATIONS
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