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DATE: 11-21-19

NAME: ROMEO ALPHA MANAGEMENT, INC.

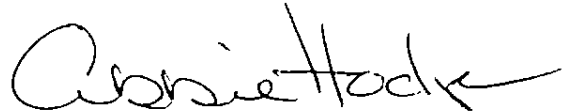
TYPE OF FILING: ARTICLES OF INCORPORATION

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AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

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

SUBJECT: ROMEO ALPHA MANAGEMENT, 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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: YOLANDA ROBINSON
Name (Printed or typed)

4020 W. GOELLER BLVD., SUITE B
Address

COLUMBUS, IN 47201
City, State & Zip

(812) 342 - 9589
Daytime Telephone number

MORRIS@SIERRA.CA
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: ROMEO ALPHA MANAGEMENT, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1950 S. OCEAN DRIVE, SUITE 9C
HALLANDALE, FL 33009

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO ENGAGE IN ANY LAWFUL ACTIVITY FOR WHICH

A CORPORATION MAY BE ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MORRIS KANSUN, PRESIDENT

Address: 1950 S. OCEAN DRIVE, STE 9C
HALLANDALE, FL 33009

Name and Title: MORRIS KANSUN, DIRECTOR

Address: 1950 S. OCEAN DRIVE, STE 9C
HALLANDALE, FL 33009

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: MORRIS KANSUN

Address: 1950 S. OCEAN DRIVE, SUITE 9C

HALLANDALE, FL 33009

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: DANIEL CHEUNG

Address: 4020 W. GOELLER BLVD, SUITE B

COLUMBUS, IN 47201

ARTICLE VIII EFFECTIVE DATE

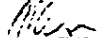
Effective date, if other than the date of filing: _____ (OPTIONAL)

(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

DocuSigned by



CD113AD3C53F415. Required Signature Registered Agent

November 20, 2019

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.

Daniel Cheung
Required Signature/Incorporator

Date NOVEMBER 20, 2019