

P200000 98798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

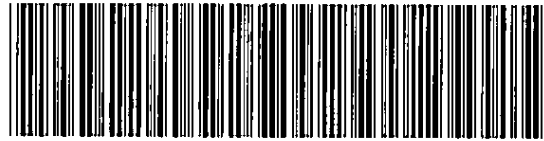
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12/29/20--01001--019 \*\*70.00

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DEC 28 2020

2020 DEC 28 AM 9:59  
FBI  
REC'D

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 12/23/2020

☐ **CERTIFIED COPY**

**xx** **PHOTOCOPY**

☐ **CUS**

**xx** **FILING**

**ARTICLES**

1. SERMANIA BROTHERS INC.

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: Sermania Brothers Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1405 Barlingame Place, Apt. 300  
Chesapeake, VA 23320

SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Consulting

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000,000

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2020 DEC 28 AM 9:59  
CLERK OF CIRCUIT COURT  
JAMES H. HARRIS, JR.  
CLERK

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

Name and Title: Vincent J. Sermania

Name and Title: Pres/Treas/Director

Address 1405 Barlingame Place, Apt. 300  
Chesapeake, VA 23320

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

Name and Title: Michael P. Sermania

Name and Title: VP/Director

Address 1405 Barlingame Place, Apt. 300  
Chesapeake, VA 23320

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

Name and Title: Marytheresa Sermania

Name and Title: Sect/Director

Address 1405 Barlingame Place, Apt. 300  
Chesapeake, VA 23320

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: Registered Agent Solutions, Inc.

Address: 155 Office Plaza Drive, Suite A  
Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

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

Name: Deborah Rappaport

Address: 1180 Welsh Road, Suite 280  
North Wales, PA 19454

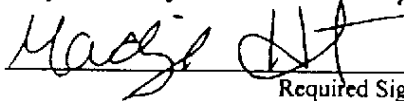
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: January 1, 2021. (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*



Mackenzie Hart, Asst. Secretary

Required Signature/Registered Agent

12/23/2020

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.*

Deborah Rappaport

Required Signature/Incorporator

Deborah Rappaport, Incorporator

12/23/2020

Date