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To:
Division of Corporations
Fax Number : (850) 617-6381

**Resubmission Rejection
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From:
Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: roberta.vergari@aol.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
ADRENALINE MANUFACTURING INC.**

Certificate of Status	3
Certified Copy	1
Page Count	03
Estimated Charge	\$105.00

2021 SEP 23 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FL

FILED



September 3, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HUBCO

SUBJECT: ADRENALINE MANUFACTURING LTD
REF: W21000120373

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The use of LIMITED or LTD. is not acceptable as a corporate suffix. The name must include a word such as INCORPORATED, INC., CORPORATION, CORP., COMPANY, or CO.

The use of the abbreviation "Ltd." does not clearly indicate that this is a corporation instead of a partnership. Therefore, please remove the abbreviation "Ltd." from the corporate name.

If you have any further questions concerning your document, please call (850) 245-6052.

Karen Lovelace
Regulatory Specialist II
New Filing Section

FAX Aud. #: H21000327879
Letter Number: 621A00021345

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: ADRENALINE MANUFACTURING INC.

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address	Mailing address, if different is:
<u>76 ARON DRIVE</u>	<u></u>
<u>BOHEMIA, NY 11716</u>	<u></u>
<u></u>	<u></u>

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LEGAL OR LAWFUL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is: 1,500 AT NO PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>ANTHONY SAURO - PRESIDENT</u>	Name and Title:	<u></u>
Address	<u>76 ARON DRIVE</u>	Address:	<u></u>
	<u>BOHEMIA, NY 11716</u>		<u></u>
	<u></u>		<u></u>
Name and Title:	<u></u>	Name and Title:	<u></u>
Address	<u></u>	Address:	<u></u>
	<u></u>		<u></u>
	<u></u>		<u></u>
Name and Title:	<u></u>	Name and Title:	<u></u>
Address	<u></u>	Address:	<u></u>
	<u></u>		<u></u>
	<u></u>		<u></u>

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TALLAHASSEE FL

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: HUBCO REGISTERED AGENT SERVICES, INC.
Address: 155 OFFICE PLAZA DRIVE, 1ST FL
TALLAHASSEE, FL 32301

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ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: ANTHONY SAURO
Address: 76 ARON DRIVE
BOHEMIA, NY 11716


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


Required Signature/Registered Agent BRUCE B. HUBBARD on behalf of
HUBCO REGISTERED AGENT SERVICES, INC.

AUGUST 27, 2021

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.


Required Signature/Incorporator ANTHONY SAURO

AUGUST 27, 2021

Date