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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:
Account Name : VCORP SERVICES, LLC
Account Number : I20080000067
Phone : (545)425-0077
Fax Number : (845)818-3588

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

Brilliant Installations Inc

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$70.00 |

2022 OCT 31 4:16:54

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Brilliant Installations Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address1433 Hooper Ave, Ste 212Toms River, NJ 08753

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: Solar Installation**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Michal Piompino, PresidentAddress: 1433 Hooper Ave, Ste 212Toms River, NJ 08753

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

| | |
|-----------------------|-----------------------|
| 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: Vcorp Services, LLC

Address: 1200 South Pine Island Road Plantation,

FL 33324

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Taylor Lolya

Address: 25 Robert Pitt Drive, Suite 204

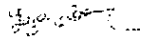
Monsey, NY 10952

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*

| | |
|--|-----------------|
| By: <u></u> | <u>10/31/22</u> |
| Required Signature/Registered Agent | 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.

| | |
|--|-----------------|
| <u></u> | <u>10/31/22</u> |
| Required Signature/Incorporator | Date |