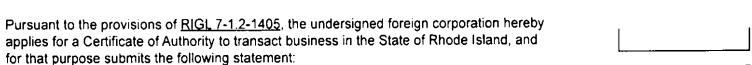


State of Rhode Island Department of State - Business Services Division

Application for Certificate of Authority

FOREIGN Business Corporation

-> Filing Fee: \$310.00 minimum



1. The name of the corporation is:					
SERIATIM, INC					
2. It is incorporated under the laws of: NEW YO	ORK				
3. The name, if different, which it elects to use in Rhode Island is:					
(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:					
(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:					
4. The date of its incorporation is: 02/25/1999					
And the period of its duration is: CHECK ONE BOX ONLY ✓ Perpetual (on-going)					
Date certain for dissolution					
5. The address of its principal office is:					
60 EAST 42ND STREET, 4600, NEW YORK, NY, UNITED STATES, 10165					
6. The name and address of the initial registered agent/office in Rhode Island:					
Agent Name C T Corporation System					
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A					
City/Town East Providence	State RHODE ISLAND	Zip Code ₀₂₉₁₄			

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov 1:16

MAR 27 2024 BY YYL 1686

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:						
provides organization and logistical solutions for businesses and individuals in transition.						
(a) The names and restate or country of which			optional, unless d	lirectors are required under the laws of the		
NAME	_		ADDRESS			
SONYA Weisshappel CHRISTY 60 EAST		60 EAST 42ND STREE	AST 42ND STREET, 4600, NEW YORK, NY, UNITED STATES, 10165			
			<u> </u>			
		-				
				Check the box to indicate an attachment		
8. (b) The names and re	espective add	resses of its principal of	ficers (mandator	y if directors are not required under the laws		
of the state or country of				<u> </u>		
OFFICE		NAME		ADDRESS		
PRESIDENT	SONYA Weisshappel CHRISTY		60 EAST 42ND STREET, 4600, NEW YORK, NY, 10165			
VICE PRESIDENT	SONYA Weisshappel CHRISTY		60 EAST 42ND STREET, 4600, NEW YORK, NY, 10165			
TREASURER	SONYA Weisshappel CHRISTY		60 EAST 42NI	O STREET, 4600, NEW YORK, NY, 10165		
SECRETARY	SONYA Weisshappel CHRISTY		60 EAST 42NI	O STREET, 4600, NEW YORK, NY, 10165		
<u> </u>	<u>i</u>	 		Check the box to indicate an attachment		
9. The aggregate numb	er of shares w	which it has authority to	issue; itemized t	by classes, par value of shares, shares without		
par value, and series, if			<u> </u>			
NUMBER OF SHARES	CLA	SS	SERIES	PAR VALUE OR STATE NO PAR VALUE		
200	Common			no par value		
						
			<u></u>			
	<u>-</u>					
10. An estimate, as a p	ercentage, of	f the proportion that the	estimated value	of the property of the corporation to be perty of the corporation to be owned during		
the following year, whe	rever located.	(Note: Percentage obta	ained from works	theet.)		
0						
%						
at or from places of but transacted by the corpo 0.02	siness in Rhoo oration during	de Island during the follo	owing year comp	pusiness to be transacted by the corporation pared to the gross amount thereof which will be btained from worksheet.)		
 %						
	·					

12. This application must be accompanied by a <u>Certificate of Go</u> formation dated within 60 days of the date of this filing.	od Standing/Letter of Status from the state or country of			
13. Date when the Certificate of Authority will be effective: CHEC	CK ONE BOX ONLY			
Date received (Upon filing)				
Later effective date (Date must be no more than 90 days from the date of filing)				
14. Under penalty of perjury, I declare and affirm that I have exa any accompanying attachments, and that all statements contain				
Type or Print Name of Authorized Officer	Date			
SONYA Weisshappel CHRISTY	3/12/2024			
Signature of Authorized Officer of the Corporation Sonya Weisshappel 58696950818469				

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:

SERIATIM, INC.

DOS ID Number:

2349844

Entity Type:

DOMESTIC BUSINESS CORPORATION

Entity Status:

EXISTING

Date of Initial Filing with DOS:

02/25/1999

Statement Status:

CURRENT

Statement Due Date:

02/28/2025

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on March 14, 2024 at 05:27 P.M.

Brandon C. Hughan

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes

Executive Deputy Secretary of State

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