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

From: Account Name : KML MULTISERVICES CORP
Account Number : I20200000044
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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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

Email Address: kmlmultiservicescorp@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION
VENUSA FOOD EXPORT CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
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DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

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COVER LETTER

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

SUBJECT: VENUSA FOOD EXPORT CORP
(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 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: MARIA PARRA HERNANDEZ
Name (Printed or typed)

11369 NW 87 LANE
Address

MIAMI, FL 33178
City, State & Zip

(786) 865-5455
Daytime Telephone number

kmlmultiservicescorp@gmail.com
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

((H22000174510 3))

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

ARTICLE I NAME

The name of the corporation shall be: VENUSA FOOD EXPORT CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address
11369 NW 87 LANE
MIAMI, FL 33178

Mailing address, if different is:

8249 NW 36TH ST
SUITE 212
DORAL, FL 33166

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARIA PARRA HERNANDEZ

Name and Title:

Address 11369 NW 87 LANE

Address:

MIAMI, FLORIDA 33178

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: KATHERINE CAICEDO
 Address: 8249 NW 36TH ST SUITE 212
DORAL, FL 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARIA PARRA HERNANDEZ
 Address: 11369 NW 87 LANE
MIAMI, FL 33178

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 TALLAHASSEE, FLORIDA

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

KATHERINE CAICEDO _____ Date 05/09/2022
 Required Signature/Registered Agent

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.

MARIA PARRA HERNANDEZ _____ Date 05/09/2022
 Required Signature/Incorporator