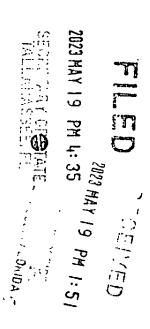
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<u> </u>	ocument Number)
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Certified Copies	Certificates of Status
Special Instructions to Fili	Ing Officer:
W230000	<u> </u>

Office Use Only



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#### **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJ	ECT: VENTUREX, INC.			
5050		of corporation - 1	nust include suffix	
Dear S	Sir or Madam:			
"Certi	nclosed "Application by Foreign Co ficate of Existence," or "Certificate referenced foreign corporation to t	of Good Standir	g" and check are subr	
Please	return all correspondence concern	ing this matter to	the following:	
Ashley	Kintz			
		Name of Pe	son	
		Firm/Compa	ny	
605 G	eddes Street	·		
		Address		
Wilmi	ngton, DE 19805			
		City/State and	Zip code	
beth@	ready2inc.com			
	E-mail address	s: (to be used for	future annual report n	otification)
For fu	rther information concerning this n	natter, please call	:	
Ashley Kintz at ( 302 ) 798-6015				
	Name of Person	Area Code	Daytime Teleph	none Number
	STREET/COURIER ADDRES Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 819 Tallahassee, FL 32303		MAILING Al Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations ,
Please	sed is a check for the following am make check payable to: FLORIDA D 0.00 Filing Fee	EPARTMENT O	F STATE 78.75 Filing Fee & Certified Copy	S87.50 Filing Fee. Certificate of Status & Certified Copy

### **COVER LETTER**

	Registration Section Division of Corporations			
	CT: VENTUREX, INC.			
SUBJE	Name o	of corporation - r	nust include suffix	. <del></del>
Dear Sir	or Madam:			
"Certific	osed "Application by Foreign Co ate of Existence," or "Certificate ferenced foreign corporation to tr	of Good Standir	ng" and check are submitt	
Please re	turn all correspondence concerni	ng this matter to	the following:	
Ashley K	intz			
	<del>-</del>	Name of Per	rson	
(05.0.4)	des Carres	Firm/Compa	ny	
605 Gedo	es Strect	A		
Wilmings	on DE 10005	Address		
	on, DE 19805	C:+-/C+-+ d	71	
heth@res	dy2inc.com	City/State and	Zip code	
		: (to be used for	future annual report notif	fication)
For furth	er information concerning this m	atter, please call	· ;	
Ashley Kintz  at (302) 798-6015  Name of Person  Area Code  Daytime Telephone Number				
	Name of Person	Area Code	Daytime Telephon	e Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec. FL 32314		
Please ma	d is a check for the following ame ake check payable to: FLORIDA DI 0 Filing Fee	EPARTMENT O g Fee &		☐ \$87.50 Filing Fee.  Certificate of Status & Certified Copy

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

VENTUREX, I	NC.	
	corporation; must include "INCORPORATE Corp," "Inc," "Co," or "Corp.")	D." "COMPANY," "CORPORATION,"
Venture Event	s, Inc.	
(If name unavai	lable in Florida, enter alternate corporate nan	ne adopted for the purpose of transacting business in Florida)
2. Texas		3. (FEI number, if applicable)
(State or count	ry under the law of which it is incorporated)	(FEI number, if applicable)
4. 03/01/2022		5.
(Date	e of incorporation)	5(Date of duration, if other than perpetual)
6		
	(Date first transacted business (SEE SECTIONS 607.1501 & 607	s in Florida, if prior to registration) .1502, F.S., to determine penalty liability)
2103 Coral Way	ste 604 Miami, FL 33145	
<i>1</i>	(Principal c	office street address)
	(Current ma	ling address, if different)
8. Name and stre	et address of Florida registered agent: (I	P.O. Box NOT acceptable)
Name:	JAKE DUNNE	
Office Address:	2103 Coral Way ste 604	
	Miami	. Florida <u>33145</u>
	(City)	(Zip code)
0 Pagistered as	rent's accentance	rvice of process for the above stated corporation where place
Having been nan	ned as registered agent and to accept se	rvice of process for the above stated corporation where plake
designated in thi	s application, I hereby accept the appoin	ntment as registered agent and agree to act in this capacity is relative to the proper and complete performance of my duti
	r with and accept the obligations of my	
•	$A_1$	
	ale De	35 · 35
_	-Registered agent's	s signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS			
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address: 2103 Coral Way ste 604	□Vice Chairman	Address: 2103 Coral Way ste 604
Director	Miami, FL 33145	□Director	Miami, FL 33145
□President		<b>■</b> President	
□Vice President		□Vice President	
Secretary	□Treasurer	□Secretary	□Treasurer
□Other		□Other	□Other
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
Director		□Director	
□President		□President	
□Vice President	<u></u>	□Vice President	
☐ Secretary	□Treasurer	□Secretary	□Treasurer
□Other	Other	□Other	Other
	Marro	□ Chairman	Name:
□Chairman	Name:		
	Address:		Address:
Director		Director	
□President		□President	
		□Vice President	
□Secretary	Treasurer	Secretary	☐ Treasurer
Other	Other	Other	
Important Notice: individuals may be	Use an attachment to report more than six (6). The attace added to the index when filing yard Florida Department	nt of State Annual Re	eport form.
12	the De		
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he of she is aware that 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.			

13. JAKE DUNNE, President

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



## Office of the Secretary of State

#### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for VentureX, Inc. (file number 804475443), a Domestic For-Profit Corporation, was filed in this office on March 01, 2022.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on May 19, 2023.



Phone: (512) 463-5555

gave Helson

Jane Nelson Secretary of State

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	NC.		
	orporation; must include "INCORPORATED," orp." "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
Venture Events	s, Inc.		
(If name unavaila	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting business in Flori	da)
Texas	y under the law of which it is incorporated)	88-1229474	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
03/01/2022	5		
(Date	of incorporation)	(Date of duration, if other than perpetual)	
***	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		<del></del>
2103 Coral Way s	ste 604 Miami, FL 33145		
·		e <u>street</u> address)	
	(Current mailing	address, if different)	
. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	
Name:	JAKE DUNNE		
	2103 Coral Way stc 604	<del></del>	
Office Address:			
	Miami	, Florida	
	(City)	(Zip code)	
Registered ago	ent's acceptance:	20 2	
Having been nam	ed as registered agent and to accept servic	e of process for the above stated corporation at	
lesignated in this	application, I hereby accept the appointm	ent as registered agent and agree to act in this c	apačity" Length
uriner agree to c ind I am familiar	omply with the provisions of all statutes re with and accept the obligations of my pos	lative to the proper and complete performance of ition as registered agent.	, <u> </u>
,	$\Delta_{A}$		
	M	tion as registered agent.	
	are De	,	
_	Registered agent's sig	nature)	

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

under the law of which it is incorporated.

A. DIRECTORS				
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address: 2103 Coral Way ste 604	□Vice Chairman	Address: 2103 Coral Way ste 604	
■ Director	Miami. FL 33145	□Director	Miami, FL 33145	
□President		<b>■</b> President		
□Vice President		□Vice President		
□Secretary	□Treasurer	Secretary	□Treasurer	
□Other		□Other	Other	
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
Director		□Director		
□President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	□Secretary	□Treasurer	
Other	Other	□Other	Other	
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	□Secretary	☐ Treasurer	
Other	□Other	Other	Other	
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing year Florida Department of State Annual Report form.  12. Signature of Director or Officer				
The officer or direct	The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he o			

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

, JAKE DUNNE, President



Jane Nelson Secretary of State

## Office of the Secretary of State

#### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for VentureX, Inc. (file number 804475443), a Domestic For-Profit Corporation, was filed in this office on March 01, 2022.

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In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on May 19, 2023.



gave Helson

Jane Nelson Secretary of State