## N 170000 1 954

(Re	equestor's Name)
(Ac	ldress)
(Ac	ddress)
(Ci	ty/State/Zip/Phone #)
(Bi	usiness Entity Name)
(Dx	ocument Number}
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer
	Office Use Only
	N SAMS NOV 2 7 2017



11/03/17--01008--003 ++70.00



Venetian Isles Apts. Inc. 3851 NE 22 Ter Lighthouse Point, FL 33064

I, Frank Bronco, have served on the Board at Venetian Isles Apts. Inc. for the past 6 years. I, as well as our entire association wish to drop the profit organization title and be recognized as a non-profit organization because we do not make a profit. Our maintenance fees are used toward maintaining our building and property. Thank You.

Frank Bronco, Board member

FRANK BRONCO-

 $\Gamma_i$ Attention: Nactiva Sam 850 245 6804



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 13, 2017

CINDY BRONCO 3851 NE 22 TER #15 LIGHTHOUSE POINT, FL 33064

SUBJECT: VENETIAN ISLES APARTMENTS INC. Ref. Number: W17000090046

We have received your document for VENETIAN ISLES APARTMENTS INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is .

192404) received your attached letter for the current filing. In order for us to process the filing for the nonprofit, we would need the profit filing dissolved first.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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



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Nadira D McClees-Sams Regulatory Specialist II

Letter Number: 017A00022858

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## **COVER LETTER**

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

 $\mathbf{C}$ SUBJECT: CORPORA CLUDE

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :



NOTE: Please provide the original and one copy of the articles.

. . . .... ARTICLES OF INCORPORATION In compliance with Chapter 617, F.S., (Not for Profit) tments Inc. ARTICLET NAME The name of the corporation shall be: ARTICLE II PRINCIPAL OFFICE Mailing address, if different is: Principal street address: \_\_\_\_\_ hous 3  $O \cap C$ ARTICLE III PURPOSE NC. VPMP The purpose for which the corporation is organized is: 42 nain GIN ARTICLE IV \_\_\_\_MANNER OF ELECTION\_\_\_The manner in which the directors are elected and appointed: ( 21<u>1</u> -(U)70N <u>ARTICLE V</u> INITIAL OFFICERS AND/OR DIRECTORS Bard member DHCO Name and Title: Norne and Title. 5 Address Address UV ± ecretari 30ard Name and Title: [ Name and Trile: rember Address ±11 Address i Service Serv TYEASUVER Nume and Title Name and Title: // rə V-#18Address: Address P.4 رې r o

Name and Title	<u>.</u>	Name and Title:
Address	·	Address:
Name and Title	:: <u></u>	Name and Title:
Address	,,,,,,, _	Adress:

## ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. 1968 MOT acceptable) of the registered agent is: NEZZTEC#15 Name: Address: 194 (j) int Florida 33064 ARTICLE VIL INCORPORATOR The name and address of the Incorporator is: Name: F 22 Ter #15 Address: ighthouse Point EL33064

## ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 

(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 recet 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

AULA SUMO Required Signature of Registered Agent

11/3/17

I submit this document and offirm that the facts stated herein are true. I am aware that any 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.

Jured Seguritury of Incorporator ugh Required

11/3/17