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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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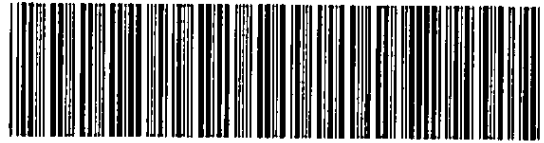
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: UREY VIGNEAUD & JAIN FUTURE FUND CORP.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: LOVETTE DOBSON

Name (Printed or typed)

17350 STATE HWY 249 #220

Address

HOUSTON, TX 77064

City, State & Zip

888-462-3453

Daytime Telephone number

EFILE1234@INCFIL.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
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: UREY VIGNEAUD & JAIN FUTURE FUND CORP.
ARTICLE II PRINCIPAL OFFICE

Principal street address:

1150 NW 72ND AVE TOWER I STE 455 #5826

MIAMI, FLORIDA 33126

MIAMI-DADE

Mailing address, if different is:

1150 NW 72ND AVE TOWER I STE 455 #5826,

MIAMI, FLORIDA 33126

MIAMI-DADE

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Publish scientific research in the field of science.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: BY LAWS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Parsa Janbeglou DIRECTOR)

Address 1150 NW 72nd Ave Tower I ste 455 #58

Miami FL 33126

Name and Title: Bita Pourkian (DIRECTOR)

Address: 1150 NW 72nd Ave Tower I ste 455 #

Miami FL 33126

Name and Title: James Kim (DIRECTOR)

Address 1150 NW 72nd Ave Tower I ste 455 #58

Miami FL 33126

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FLORIDA

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Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
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: LEGALINC CORPORATE SERVICES INC.

Address: 5237 SUMMERLIN COMMONS SUITE 400

FORT MYERS 33907

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LOVETTE DOBSON

Address: 17350 STATE HWY 249 #220

HOUSTON, TX 77064

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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

Wesley Dolan
 Required Signature of Registered Agent

01/24/2022

Date

I submit this document and affirm 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.

Lovette Dobson
 Required Signature of Incorporator

01/24/2022

Date