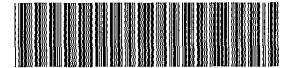
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(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

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# **COVER LETTER**

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

SUBJECT: Aptitu	ude Ventures, Inc.	
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)		
		1
Enclosed are an orig	inal and one (1) copy of the artic	eles of incorporation and a check for:
_	•	
\$70.00	<b>√</b> \$78.75	☐ \$78.75 ☐ \$87.50
Filing Fee	Filing Fee	Filing Fee, Filing Fee,
	& Certificate of Status	& Certified Copy Certified Copy
		& Certificate of
		Status
		ADDITIONAL COPY REQUIRED
		·
	Chris Schwint	
FROM:		(Printed or typed)
	Ivante	(Finited of typed)
	233 Woodland Drive	;
	Address	
,		
	Osprey, Florida 34229	
	• •	State & Zip
City, State & Lip		
	727-424-5827	
Daytime Telephone number		elephone number

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

### ARTICLES OF INCORPORATION

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

### ARTICLE I NAME

The name of the corporation shall be:

Aptitude Ventures, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

NOT WARDEN STREET TAMPA, FLORGINA, 33603

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Consulting

## ARTICLE IV SHARES

The number of shares of stock is:

100

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

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## ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Chris Schwint 233 Wooodland Drive Osprey, Florida 34229

## ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Chris Schwint 233 Wooodland Drive Osprey, Florida 34229

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

Signature/Registered Agent

Signature/Incorporator

Date

Date