P07000117928

(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
(,,,,			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
Special instructions to 1 ming officer.			
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Office Use Only



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2007 OCT 26 PH 4: 46

SECRETARY DI STATE
TATT ANA SECRETARY DE STATE

0.2.10.5

COVER LETTER

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

SUBJECT: VENISE INC		
(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and	l a check for:
Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: VALERIA D. TOOLEY-JE	NKINS (Printed or typed)	
2525 LEANING PINE	STREETddress	
OCOEE, FL 34761	State & Zip	
(401) 782-6235 Daytime Te	elephone number	

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIT 07 OCT 26 AI. DI. ISION OF CORPO

October 5, 2007

VALERIA D. TOOLEY JENKINS 2525 LEANING PINE ST. OCOEE, FL 34761

SUBJECT: VENISE INC Ref. Number: W07000049491

We have received your document for VENISE INC and your check(s) totaling \$78.75. 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.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
New Filing Section

Letter Number: 207A00058404

COVER LETTER

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

subject: Ve N	liese Inc. (Proposed corpora	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	icles of incorporation and	l a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
from: V	aleria D. Tooley-Jei Name	nkins (Printed or typed)	
3	2525 Leaning Pine	Street Address	
-	Ocoee, FL 34761 City,	State & Zip	
(407) 782 - 6235 Daytime T	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)

FILED

ARTICLE I NAME

The name of the corporation shall be:

Ve Niese INC.

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JECKETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 2525 Leaning Pine Street
Ocoee, FL 34761

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose for which this corporation is organized is to transact any and all Lawful business for which corporations may be organized under the laws of the State of Florida, and to have all powers that are afforded corporations under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

100 = Valeria D. Tooley-Jenkins 70-sh / Thomas A. Jenkins 30sh

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Valeria D. Tooley-Jenkins Thomas A. Jenkins

FILED

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is 7007 26 PM 4:46

2525 Leaning Pine Street Ocoee, FL 34761

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: Valeria D. Tooley-Jenkins 2525 Leaning Pine Street Ocoee, FL 34761

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