

PD9800080219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

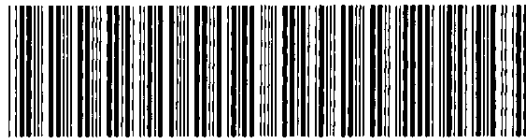
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000160930800

09/28/09--01002--015 \*\*78.75

RECEIVED  
09 SEP 28 AM 10:38  
STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
2009 SEP 28 A 10:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

68-676-6  
000

# LAZARUS

## CORPORATE FILING SERVICE

3320 SW 87<sup>TH</sup> AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

### CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. VEN HEALTH, INC.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☒ Walk in    ☒ Pick up time 2:00    ☒ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

### NEW FILINGS

- ☒ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

### AMENDMENTS

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

### OTHER FILINGS

- ☐ Annual Report  
☐ Fictitious Name

### REGISTRATION/QUALIFICATION

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

Examiner's Initials

**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: **VENHEALTH, INC.**

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

12955 SW 42ND STREET, STE 5, MIAMI, FL 33175

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

BUSINESS MANAGEMENT/CONSULTING

**ARTICLE IV SHARES**

The number of shares of stock is:

100 SHARES

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

CLAUDIO J. ALEGRE, 15144 SW 17TH LANE, MIAMI, FL 33185, DIRECTOR  
CLAUDIO L. VERA 12841 SW 70TH AVE, MIAMI, FL 33156, DIRECTOR

**ARTICLE VI REGISTERED AGENT**

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

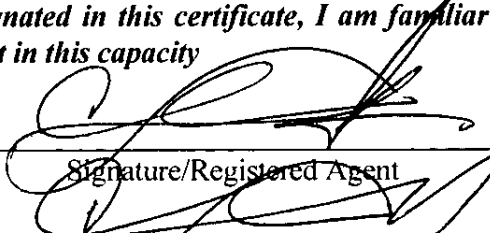
CLAUDIO J. ALEGRE, 15144 SW 17TH LANE, MIAMI, FL 33185

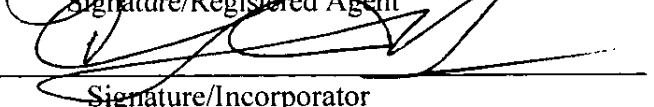
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

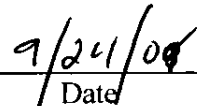
CLAUDIO J. ALEGRE, 15144 SW 17TH LANE, MIAMI, FL 33185

\*\*\*\*\*  
*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

**FILED**  
2009 SEP 28 A 10:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date