

211000003040

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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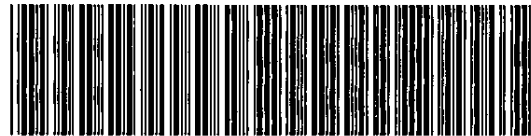
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2011 JAN 10 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JAN 11 2011

COVER LETTER

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

SUBJECT: Venture Technology Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status
ADDITIONAL COPY REQUIRED

FROM: Lowell C. Larson
Name (Printed or typed)

819 Pinedale Road
Address

Fort Walton Beach, Florida, 32547
City, State & Zip

850-863-3242
Daytime Telephone number

BHenderson@southernventures.com
E-mail address: (to be used for future annual report notification)

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME Venture Technology Inc.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
817 Pinedale Road
Fort Walton Beach
Florida, 32547

Mailing address, if different is:

P.O. Box 456
Fort Walton Beach
Florida, 32547

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

A provider of information technology systems and services.

ARTICLE IV SHARES

The number of shares of stock is: Ten Thousand (10,000)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Rhonda B. Larson, President</u>	Name and Title: _____
Address: <u>219 Yacht Club Drive</u>	Address: _____
<u>Fort Walton Beach</u>	_____
<u>Florida, 32548</u>	_____

Name and Title: <u>Kyle M. Larson, Secretary</u>	Name and Title: _____
Address: <u>219 Yacht Club Drive</u>	Address: _____
<u>Fort Walton Beach</u>	_____
<u>Florida, 32548</u>	_____

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: Lowell C. Larson
Address: 819 Pinedale Road
Fort Walton Beach, Florida 32547

ARTICLE VII INCORPORATOR

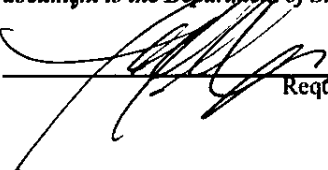
The name and address of the Incorporator is:

Name: Southern Ventures Corporation
Address: 819 Pinedale Road
Fort Walton Beach, FL 32547

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

 _____ Required Signature/Registered Agent	<u>January 4, 2011</u> _____ Date
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I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

 _____ Required Signature/Incorporator	<u>January 4, 2011</u> _____ Date
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