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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

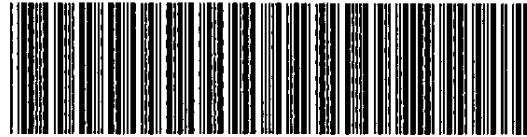
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

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

SUBJECT: SEVENTEENTH AVENUE VENTURES, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

FROM: Norman Malinski

Name (Printed or typed)

1975 E. Sunrise Boulevard, Suite 515

Address

Fort Lauderdale, Florida 33304

City, State & Zip

(954) 523-1551

Daytime Telephone number

nm@nmlawfirm.net

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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: **SEVENTEENTH AVENUE VENTURES, INC.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
**1975 East Sunrise Boulevard**  
**Suite 515**  
**Fort Lauderdale, Florida 33304**

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ANY AND ALL LAWFUL BUSINESS**

**ARTICLE IV SHARES**

The number of shares of stock is: **1000**

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

Name and Title: **NORMAN MALINSKI, DIRECTOR**  
Address: **1975 East Sunrise Boulevard**  
**Suite 515**  
**Fort Lauderdale, Florida 33304**

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

**ARTICLE VI REGISTERED AGENT**

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

Name: **NORMAN MALINSKI**  
Address: **1975 E. Sunrise Boulevard, #515**  
**Fort Lauderdale, Florida 33304**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **Norman Malinski**  
Address: **1975 E. Sunrise Boulevard, #515**  
**Fort Lauderdale, FL 33304**

*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

Date

*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

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12/26/2012

12/26/2012