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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : NATIONAL CORPORATE RESEARCH, LTD
Account Number : I20000000088
Phone : (800) 221-0102
Fax Number : (800) 944-6607

Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
CHESONIS VENTURES CORP.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

09/05/13

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Corporate Filing Menu

Help

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((H13000196810 3)))

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:

CHESONIS VENTURES CORP.**ARTICLE II PRINCIPAL OFFICE**

Principal street address

245 Ambassador Dr.**Rochester, NY 14610**

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Family office.**ARTICLE IV SHARES**

The number of shares of stock is:

10,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: **Arunas Chesonis, Pres, VP, Treas, Dir**Address: **245 Ambassador Dr.****Rochester, NY 14610**

Name and Title:

Address:

Name and Title: **Pam Chesonis, Secretary, Dir**Address: **245 Ambassador Dr.****Rochester, NY 14610**

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: **National Corporate Research, Ltd., Inc.**Address: **156 Office Plaza Drive****Tallahassee, FL 32301****ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **Kristin Martin**Address: **145 Culver Rd Suite 100****Rochester, NY 14620**

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

Theresa Lannon

Required Signature/Registered Agent

9/4/2013

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.

Kristin Martin

Required Signature/Incorporator

9/4/2013

Date

((H13000196810 3)))