

JAN 14 2014 THU 1:29 AM  
1/30

File No. 001  
Division of Corporations

**P/400009316**

Florida Department of State

Division of Corporations  
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STATE  
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION  
VEN-CAP VENTURES, CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	03
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STATE  
TALLAHASSEE, FLORIDA

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*01/31/14*

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P. 002

**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: VEN-CAP VENTURES, CORP.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

11100 SW 73 CT  
Pinecrest, FL 33156

Mailing address, if different is:

11100 SW 73 CT  
PINECREST, FL 33156

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL PURPOSE

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: (P) JAVIER FONT

Address: 11100 SW 73 CT  
PINECREST, FL 33156

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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P. 003

(cont.)

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: JAVIER FONT  
Address: 11100 SW 73 CT  
PINECREST, FL 33156

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JAVIER FONT  
Address: 11100 SW 173 CT  
PINECREST, FL 33156

*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

1/27/14  
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

1/27/14  
Date

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