PIGOOS 382

| (Re | questor's Name) | | | |
|---|-------------------|-----------------|--|--|
| (Address) | | | | |
| (Ad | dress) | | | |
| (Cit | y/State/Zip/Phone | , #) | | |
| PICK-UP | WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Do | cument Number) | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



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09/25/14--01015--015 **87.50



SEP 2 9 2014 S. GILBERT

COVER LETTER

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

| | e Owl Ventures, | ATE NAME – <u>MUST INCL</u> I | UDE SUFFIX) |
|--------------------|--|-------------------------------------|--|
| closed are an orig | inal and one (1) copy of the ar | ticles of incorporation and | l 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 CO | PY REQUIRED |

| Name (Printed or typed) Orrey Pines Way Address ta, FL. 34238 |
|---|
| ta, FL. 34238 |
| ta, FL. 34238 |
| |
| |
| City, State & Zip |
| 6-0796 |
| Daytime Telephone number |
| (|

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 NAM The name of the corpora | wise Owl Ventures | s, Inc. |
|---------------------------------------|--|--|
| | NCIPAL OFFICE Principal <u>street</u> address | Mailing address, if differential Floring |
| Sarasota, FL. | | |
| | POSE he corporation is organized is: | ales of industrial products and other related ventures |
| | | |
| | 7,1, | |
| | Stock is: TOOO FIAL OFFICERS AND/OR DIRECTOR: | _ |
| Name and Title | 3792 Torrey Pines Way | Name and little: |
| Address | Sarasota , FL. 34238 | Address: |
| Name and Title: | | Name and Title: |
| Address | | Address: |
| • | | - |
| Name and Title: | <u> </u> | Name and Title: |
| Address | | Address: |
| | | |

| Name an | d Title: | Name and Title: |
|--|--|---|
| Address | | Address: |
| <i>ARTICLE VI</i> The <u>name and F</u> l | REGISTERED AGENT orida street address (P.O. Box NOT acceptable) or | the registered agent is: |
| Name: | Jon S. Harrington | |
| Address; | 3792 Torrey Pines Way | |
| | Sarasota, FL. 34238 | • |
| ARTICLE VII | INCORPORATOR | |
| The name and ac | dress of the Incorporator is: | |
| Name: | Jon S. Harrington | |
| Address: | 3792 Torrey Pines Way | |
| Sar | Sarasota, FL. 34238 | |
| | ned as registered agent to accept service of process am familiar with and accept the appointment as reg | for the above stated corporation at the place designated in istered agent and agree to act in this capacity |
| () | 1 starrenction | 9.10.14 |
| | Required Signature/Registered Agent | Date |
| I submit this doc document to the | ument and affirm that the facts stated herein are Department of State constitutes a third degree felon | true. I am aware that the false information submitted in a y as provided for in s.817.155, F.S. |
| () | S. Harrington | 9.10.14 |
| | Required Signature/Incorporator | Date |