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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:
Account Name : FILINGS, INC.
Account Number : 072720000101
Phone : (850)385-6735
Fax Number : (954)641-4192

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

Email Address: _____

14 NOV 17 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
CAPITAL VENTURES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$70.00

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T. SCOTT

Electronic Filing Menu Corporate Filing Menu Help

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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: CAPITAL VENTURES, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
402 NE 10 Terrace
Boca Raton, FL 33432

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: The corporation may engage in any activity or business permitted under the laws of the United States and of this State

ARTICLE IV SHARES
The number of shares of stock is: One Thousand (1,000) Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joseph Dumbroff, Pres
Address: 402 NE 10 Terrace, Boca Raton, FL 33432

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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(attach)

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

_____ _____

_____ _____

ARTICLE II REGISTERED AGENT

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

Name: Joseph Dumbroff

Address: 402 NE 10 Terrace

Boca Raton, FL 33432

ARTICLE III INCORPORATOR

The name and address of the incorporator is:

Name: Joseph Dumbroff

Address: 402 NE 10 Terrace

Boca Raton, FL 33432

Having been named to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity.

_____ 11/14/14

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.

_____ 11/14/14

Required Signature/Incorporator Date

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TALLAHASSEE, FLORIDA

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