

P15000025429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

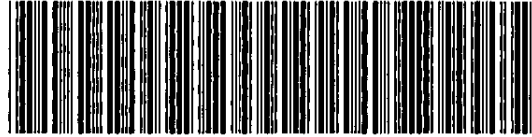
(Document Number)

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15 APR -3 AM 9:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** Athena to Zeus 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:** Harold S. Buchman

Name (Printed or typed)

4105 W Atlantic Blvd. #304

Address

Covonut Creek, FL 33066

City, State & Zip

954-933-1770

Daytime Telephone number

hipphippo@aol.com

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

**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: Athena to Zeus Ventures, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

4105 W Atlantic Blvd. #304

Coconut Creek, FL 33066

Mailing address, if different is:

4105 W Atlantic Blvd. #304

Coconut Creek, FL 33066

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to engage in E-Commerce Retail of General Merchandise.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Harold S. Buchman-President

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

Address 4105 W Atlantic Blvd. #304

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

Coconut Creek, FL 33066

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

FILED  
15 APR - 3 AM 9:59  
SECRETARY OF STATE  
FLORIDA

(conti.)

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:

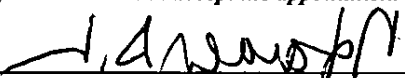
Name: Harold S. Buchman  
Address: 4105 W Atlantic Blvd. #304  
Coconut Creek, FL 33066

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

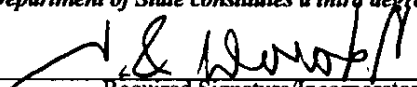
Name: Harold S. Buchman  
Address: 4105 W Atlantic Blvd. #304  
Coconut Creek, FL 33066

*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

04.01.2015  
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

04.01.2015  
Date

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