

P15000070465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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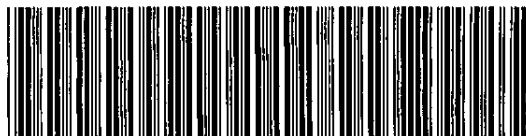
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JP 8/20/15

COVER LETTER

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

SUBJECT: VENUS DROPS, 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
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 COPY REQUIRED

FROM: HERBERT SLUSHER

Name (Printed or typed)

4310 SHERIDAN STREET, STE. 202

Address

HOLLYWOOD, FL 33467

City, State & Zip

954-961-1040

Daytime Telephone number

HSLUSHER@GMAIL.COM

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

RECEIVED
DEPT. OF STATE
TALLAHASSEE, FLORIDA

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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)

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ARTICLE I NAME

The name of the corporation shall be: VENUS DROPS, INC.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

MAILING ADDRESS, IF DIFFERENT IS: SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4310 SHERIDAN STREET

STE. 202

HOLLYWOOD, FL 33021

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in

any activity or business permitted under the laws of the United States of America and the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Herbert Slusher, P/S

Name and Title: _____

Address 4310 Sheridan Street

Address: _____

Ste. 202

Hollywood, FL 33021

Name and Title: Rochelle Slusher, VP/T

Name and Title: _____

Address 4310 Sheridan Street

Address: _____

Ste. 202

Hollywood, FL 33021

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Herbert Slusher
Address: 4310 Sheridan St., Ste. 202
Hollywood, FL 33021

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Herbert Slusher
Address: 4310 Sheridan St., Ste. 202
Hollywood, FL 33021

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TALLAHASSEE, FLORIDA


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)


(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

 8/17/15
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.

 8/17/15
Required Signature/Incorporator Date