

P160000048263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

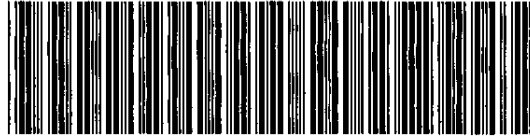
(Document Number)

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Certificates of Status \_\_\_\_\_

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05/27/16 09:02  
FILED  
MAY 27 2016  
FBI - MEMPHIS

16 MAY 27 AM 7:02

FILED

## COVER LETTER

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

**SUBJECT:** VENTIS ENTERPRISES 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: STEVEN COOPER  
\_\_\_\_\_  
Name (Printed or typed)  
  
3269 STURGEON BAY COURT  
\_\_\_\_\_  
Address  
  
NAPLES, FL 34120  
\_\_\_\_\_  
City, State & Zip  
  
239-398-3637  
\_\_\_\_\_  
Daytime Telephone number  
  
steven@sjefinance.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: VENTIS ENTERPRISES INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

7519 MILL POND ROAD

3269 STURGEON BAY COURT

NAPLES, FL 34109

NAPLES, FL 34120

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: A PROFESSIONAL MULTI-CONSULTING CORPORATION

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: VENTISLAV VATRACHKI

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

Address 7519 MILL POND ROAD

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

NAPLES, FL 34109

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

FILED  
16 MAY 27 AM 7:02  
STATE OF FLORIDA  
CLERK OF THE CIRCUIT COURT  
IN AND FOR THE COUNTY OF CLAY

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: STEVEN COOPER

Address: 3269 STURGEON BAY COURT

NAPLES FL 34120

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: STEVEN COOPER

Address: 3269 STURGEON BAY COURT

NAPLES, FL 34120

**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.)

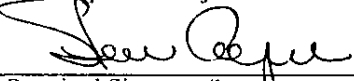
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
\_\_\_\_\_  
Required Signature/Registered Agent

05/21/2016  
\_\_\_\_\_  
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

05/21/2016  
\_\_\_\_\_  
Date