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(Requestor's Name)				
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T. SCOTT



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## **COVER LETTER**

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

SUBJECT: Venice	Homes & Rentals, Inc.		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SÚFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d 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
		ADDITIONAL CO	
FROM:	bin Vaccai		
		e (Printed or typed)	
386	9 Woodmere Park Blvd, Apt. 12		
		Address	
Ver	nice FL 34293		
_	City	, State & Zip	
941	-716-9867		
-	Daytime	Celephone number	
robi	nvaccai@gmail.com		
<del></del>	E-mail address: (to be use	d 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)

<u>ETICLE II PRINC</u>	Venice Homes & Rentals, In ion shall be:				
	Principal street address	I	Mailing address, if different	is:	
69 Woodmere Park B	lvd, Apt. 12				
enice FL 34293	10. 10.			· · · · · ·	-
RTICLE III PURPO ne purpose for which th	SE Property:	management			
<del></del> -					- <del></del>
					اد. دی
		<del></del>		- <del> </del>	I
RTICLE IV SHARE ne number of shares of s	S 100			TO SALE	9:16
	L OFFICERS AND/OR DIRECTORS		Dahin Massai Sassutan		
Name and Title		Name and Title			<u> </u>
Address	3869 Woodmere Park Blvd, Apt. 12	Address:	3869 Woodmere Park Blv	a, Apt. 1	2
	Venice FL 34293	_	Venice FL 34293	<u>.                                    </u>	
Name and Title:		Name and Title:	:		
Address					
Name and Title:		Name and Title:			
Address		Address:			

Name a	nd Title:	Name and Title:
Addres	88	
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable)	of the registered agent is:
Name:	Robin Vaccai	
Address:	3869 Woodmere Park Blvd, Apt. 12	<b></b>
	Venice FL 34293	<del>-</del>
<u>ARTICLE VII</u>	INCORPORATOR	
The <u>name and a</u>	address of the Incorporator is:	
Name:	Robin Vaccai	
Address:	3869 Woodmere Park Blvd, Apt. 12	<u></u>
	Venice FL 34293	_
Effective date, i	EFFECTIVE DATE: if other than the date of filing: date is listed, the date must be specific and can	. (OPTIONAL) not be more than five days prior or 90 days after the
Note: If the dat	te inserted in this block does not meet the applicab effective date on the Department of State's records	le statutory filing requirements, this date will not be listed as s.
	amed as registered agent to accept service of proce I am familiar with and accept the appointment as i	ess for the above stated corporation at the place designated i registered agent and agree to act in this capacity
this certificate	C: $I/I$	9/23/17
this certificate	Required Signature/Registered Agent	Date
I submit this do		Date ' re true. I am aware that the false information submitted in

.