

Florida Department of State
Division of Corporations
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To:

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

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FLORIDA DEPARTMENT OF COMMERCIAL
CORPORATIONS AND NONPROFIT SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION
VENEPACK SERVICES, CORP.**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
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2018 MAY -3 AM11:24
SUNBIZ, DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

NAME VENEPACK SERVICES, CORP.
The name of the corporation shall be: _____.

ARTICLE II PRINCIPAL OFFICE

Principal street address
3300 NW 112TH AVENUE
SUITE 7
DORAL, FL 33172

Mailing address, if different is:
3300 NW 112TH AVENUE
SUITE 7
DORAL, FL 33172

ARTICLE III. PURPOSE

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

ARTICLE IV SHARES 1000 SHARES
The number of shares of stock is: _____.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

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Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MARLENE FERNANDEZ

Address: 13195 SW 9 TERR

MIAMI, FL 33184

ARTICLE VII INCORPORATORThe name and address of the incorporator is:

Name: JEAN CARLOS RAMIREZ HERIQUEZ

Address: 3300 NW 112TH AVE

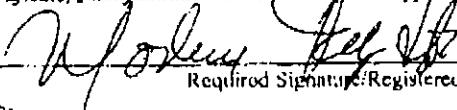
DORAL, FL 33172

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 04/27/2018 (OPTIONAL)
 (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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

04/27/2018

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.817.153, F.S.



 Required Signature/Incorporator

04/27/2018

Date

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