## P180000 89855

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only
N. SAMS
OCT 31 2018



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10/29/18--01011--001 \*\*70.00

Add EIN- 82-0727696

## **COVER LETTER**

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

SUBJECT: Ve	NET Invastment (PROPOSED CORPORA	INC	
,	inal and one (1) copy of the art		
S70.00 Filing Fee	_ • • • • • • •	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate of Status
FROM:	Juis Ma Name 13677 Sw 21		
	786 - 317 - 4943 Daytime T		2.f.
	E-mail address: (to be use	d for future annual report r	notification)

NOTE: Please provide the original and one copy of the articles.

AND E.W. 82 0727696

## ARTICLES OF INCORPORATION

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

RTICLE I NAME he name of the corporati			
13877 Sw.	PALOFFICE Principal street address 258 TH ST FL 33032	Maili	ing address I different is
NONESTECT	FC 33032		
RTICLE III PURPOS the purpose for which the	SE e corporation is organized is:	REAL ESTATE	10 aci
			ω
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			ို မ
		· <del>-</del> ·	
ne number of shares of s	tock is: <i>_/000</i>	CTORG	
ne number of shares of s		Name and Title:	President
ne number of shares of s	tock is: /000	Name and Title: Address: 1.5	
ne number of shares of s  **RTICLE V INITIAL**  Name and Title:	tock is: 1000 LOFFIGERS AND/OR DIRE LUIS of anchal 13877 Sw 258	Name and Title: Address: 1.5	
RTICLE V INITIAL  Name and Title:  Address	LOFFIGERS AND/OR DIRE LOS of anichal 13877 Sw 258 Llomas tead Fl	Name and Title: Address: 1.5	prested PZ 3303
RTICLE V INITIAL  Name and Title:  Address	LOFFIGERS AND/OR DIRE LOS of anichal 13877 Sw 258 Llomas tead Fl	Name and Title:  Address:  33032  Name and Title:	prested 12 3303
Name and Title:  Name and Title:	LOFFIGERS AND/OR DIRE LOS of anschal 13877 Sw 258 Llomas tead FL	Name and Title:    174	prestand pl 3303
Name and Title:  Name and Title:	LOFFIGERS AND/OR DIRE LOS of anschal 13877 Sw 258 Llomas tead FL	Name and Title:    174	prested PL 3303
Name and Title:  Address  Address  Address	LOFFIGERS AND/OR DIRE  LOS ofanichal  13877 Sw 258  Llomas tead FL	Name and Title:    174	
Name and Title:  Address  Name and Title:  Address  -	LOFFIGERS AND/OR DIRE  LOS ofanichal  13877 Sw 258  Llomas tead FL	Name and Title:   Name and Title:	prested P 3303

## AUD EIN 82-0727696

Name and Title:	Name and Title:
Address	Address:
- <del></del>	
ARTICLE VI _ REGISTERED AGENT	
The name and Florida street address (P.O. Box N. Name:	^
2022 ( ) 3	<del></del>
Address: 13877 Sw 25	
Homesless &	<u> </u>
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	전 전 전 전 전 전 전 전 전 전 2
Name: Lees Sofan	
<u> </u>	1874 ST
Sprested	FL 33032
ARTICLE VIII EFFECTIVE DATE:	(OPTIONAL)
Effective date, if other than the date of filing:	ecific and cannot be more than five days prior or 90 days after the
Note: If the date inserted in this block does not me the document's effective date on the Department of	et the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Department of	State s records.
this certificate, I am familiar with and Accept the a	service of process for the above stated corporation at the place designated is oppointment as registered agent and agree to act in this capacity.
Spricket	10/23/18 Date
Required Signature/Regi	stered Agent Date
I submit this document and affirm that the facts s	tated herein are true. I am aware that the false information submitted in
Cnich	hird degree felony as provided for in s.817.155, F.S.
Required Signature/Incorporator	10/33/18 Date
	/ /