

P190000020307

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

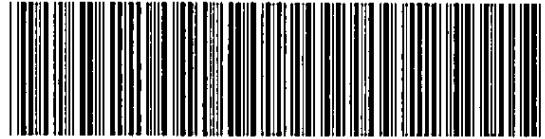
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 1, 2019

VALUE VENTS INC
4270 CAMROSE LANE
WEST PALM BEACH, FL 33417

SUBJECT: VALUE VENTS INC
Ref. Number: W19000020186

We have received your document for VALUE VENTS INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page
Regulatory Specialist II

Letter Number: 419A00004303

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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: Valve Vents Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4270 Camrose Lane
WPB, FL 33417

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rocco Finmano Name and Title: _____

Address: 4270 Camrose Lane Address: _____
WPB, FL 33417
(Vice President)

Name and Title: Richard Angelini Name and Title: _____

Address: 1057 Aspri Way Address: _____
PBG, FL 33418
(President)

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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NOTARIAL PUBLIC
JENNIFER L. HARRIS
STATE OF FLORIDA

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: Richard E Angelini
Address: 1057 ASPEN Way
PBC-FL 33413

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Marco Fimmano
Address: 4270 Camrose Lane
WBB, FL 33417

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 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

Richard E Angelini
Required Signature/Registered Agent

2/11/19
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 § 817.155, F.S.

Marco Fimmano
Required Signature/Incorporator

2/11/19
Date