

5/20/2020

Division of Corporations

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : DCM CONSULTING INC
Account Number : I20190000102
Phone : (305)491-9169
Fax Number : (305)397-2527

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**FLORIDA PROFIT/NON PROFIT CORPORATION
VENTURE MEDICAL HOLDING COMPANY INC**

Certificate of Status	0
Certified Copy	0
Page Count	01
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Fax Server



May 21, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DCM CONSULTING INC.

SUBJECT: VENTURE MEDICAL HOLDING COMPANY INC
REF: W20000050325

We have received your document for VENTURE MEDICAL HOLDING COMPANY INC. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

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.

Carlos E Rico
Regulatory Specialist II

FAX Aud. #: H20000149871
Letter Number: 020A00010299

P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Venture Medical Holding Company Inc**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

4621 Lake Worth RdGreenacres, FL 33463**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Raydel Miranda President

Name and Title:

Address: 4621 Lake Worth Rd

Address:

Greenacres, FL 33463

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

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: Raydel Miranda
Address: 4621 Lake Worth Rd
Greenacres, FL 33463

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Raydel Miranda
Address: 4621 Lake Worth Rd
Greenacres, FL 33463

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 and agent for service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept this appointment as registered agent and agree to act in this capacity

Required Signature/Registered Agent

05/04/2020
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

05/04/2020
Date