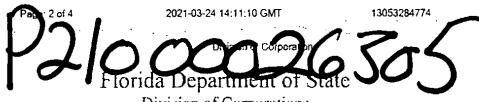
From: Yanet Avila

, .



Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000118169 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser	from this
Doing so will generate another cover sheet.	۲ <u>۰</u> نز

To:

Division of Corporations

Fax Number : (850)617-6351

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)444-4977

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

Email Address:_

FLORIDA PROFIT/NON PROFIT CORPORATION VENTURE ONE, INC.

0
1
03
\$78.75

Electronic Filing Menu Corporate Filing Menu

Help

D O'KEEFE MAR 2 5 2021

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

CLE II PRI	NCIPAL OFFICE Principal street address	Mai	iling addr e ss, if di	tlerent is:	
AVE SE WA		<u></u>			
	· · · · · · · · · · · · · · · · · · ·			·	
RAL, FL 33172				<u>., </u>	
CLE III PUR outpose for which	RPOSE th the corporation is organized is:THE	PURPOSE OF THE BI	USINESS IS IN	IPORT, EX	POR
RESENTATION	PRODUCTS ELECTRONICS.				
					~
					2 <u>.</u> H
			· · · · · · · · · · · · · · · · · · ·		H. 19
				SS	24
				F11:	T
CLE IV SH	1RES			超い	ŧ.
محسموات فحسمها بسجو	afintanti inc. 100			1000 W	• •
umber of shares	of stock is: 100				٠٠ دن دن
	of stock is: 100 TIAL OFFICERS AND/OR DIRECTOR				ھي
CLE V INT	TIAL OFFICERS AND/OR DIRECTOR	<u>s</u>			မ ပ
CLE V INT	FIAL OFFICERS AND/OR DIRECTOR	S Name and Title:			3 3
CLE V INT	TIAL OFFICERS AND/OR DIRECTOR Title: ARTHUR MODELLI (P)1952 NW 93 AVE	S Name and Title:			3 3
CLE V INT	FIAL OFFICERS AND/OR DIRECTOR	S Name and Title: Address:			<u>ය</u>
CLE V INT	TIAL OFFICERS AND/OR DIRECTOR itle: ARTHUR MODELLI (P) 1952 NW 93 AVE	S Name and Title: Address:			3
Name and T Address	FIAL OFFICERS AND/OR DIRECTOR Title: ARTHUR MODELLI (P) 1952 NW 93 AVE DORAL, FL 33172	S Name and Title:Address:			33
Name and T Address Name and Ti	TIAL OFFICERS AND/OR DIRECTOR itle: ARTHUR MODELLI (P) 1952 NW 93 AVE	S Name and Title:			33
Name and T Address	FIAL OFFICERS AND/OR DIRECTOR Title: ARTHUR MODELLI (P) 1952 NW 93 AVE DORAL, FL 33172	S Name and Title:			33
Name and T Address Name and Ti	TIAL OFFICERS AND/OR DIRECTOR itle: ARTHUR MODELLI (P) 1952 NW 93 AVE	Name and Title:			33
Name and T Address Name and Ti	TIAL OFFICERS AND/OR DIRECTOR itle: ARTHUR MODELLI (P) 1952 NW 93 AVE	S Name and Title:			3
Name and T Address Name and Ti	TIAL OFFICERS AND/OR DIRECTOR itle: ARTHUR MODELLI (P) 1952 NW 93 AVE	Name and Title:			3
Name and T Address Name and Ti Address	TIAL OFFICERS AND/OR DIRECTOR itle: ARTHUR MODELLI (P) 1952 NW 93 AVE	Name and Title:Address:Name and Title:Name and Title:Address:			3
Name and T Address Name and Ti Address	ITIAL OFFICERS AND/OR DIRECTOR itle: ARTHUR MODELLI (P)	Name and Title: Address: Name and Title: Address: Name and Title: Name and Title:			3

Name a	nd Title:	Name and Title:
Addres	is	Addr es s:
ARTICLE VI	REGISTERED AGENT	
The name and I	Florida street address (P.O. Box NOT acco	eptable) of the registered agent is:
Name:	ARTHUR MODELLI	= 10
Address:	1952 NW 93 AVE	
	DORAL, FL 33172	MAR 24 CRETAK
ARTICLE VII	INCORPORATOR	
The name and a	address of the Incorporator is:	よ。 (A) (A)
Name:	ARTHUR MODELLI	
Address:	1952 NW 93 AVE	
	DORAL, FL 33172	
<u>ARTICLE VIII</u>	EFFECTIVE DATE:	
	if other than the date of filing:	. (OPTIQNAL) and cannot be more than five days prior or 90 days after the
Note: If the dat	te inserted in this block does not meet the a effective date on the Department of State's	applicable statutory filing requirements, this date will not be listed as screeords.
		f process for the above stated corporation at the place designated in this as registered agent and agree to act in this capacity
Id Ar	thur Modelli	
,	Required Signature/Registered	Agent Date
		erein arc true. I am aware that the false information submitted in a gree felony as provided for in s.817.155. F.S.
/a/ An	theer Modelli ture Incorporator	
Required Signal	ture/Incorporator	Date