## Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

: UNITED AGENT SERVICES LLC Account Name

Account Number : I20210000087 Phone : (866)246-2669 Fax Number : (520)333-2793

\*\*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 Venus Dance Venue, Inc.

Participation of the second se	
Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

## ARTICLES OF INCORPORATION

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

TICLE I NAME e name of the corpor			
	CIPAL OFFICE  Principal street address din Harbor , Fl 34684		Mailing address, if different is:
RTICLE III PURP e purpose for which	OSE the corporation is organized is:		
RTICLE IV SHAR e mumber of shares o	f stock is:	Name and Title	Sharon Jackman, Director, Treasurer, Secreta
e munber of shares o  RTICLE V INITE  Name and Tit	f stock is:	Name and Title	Sharon Jackman, Director, Treasurer, Secreta 3599 Woodridge Pl Palm Harbor
e number of shares o	f stock is: 200  AL OFFICERS AND/OR DIRECTORS  Spiro Marko, Director, President le:	Name and Title Address:	· · · · · · · · · · · · · · · · · · ·
e mumber of shares o TICLE V INITE Name and Tit Address	f stock is:  AL OFFICERS AND/OR DIRECTORS  Spiro Marko, Director, President  715 Lime St. Apt.608 Tarpon Springs	Address: 	3599 Woodridge Pl Palm Harbor FL 34684
e number of shares o  ETICLE V INITE  Name and Tit.  Address	AL OFFICERS AND/OR DIRECTORS  Spiro Marko, Director, President  715 Lime St. Apt.608 Tarpon Springs  FL 34689	Address:   Name and Title	3599 Woodridge Pl Palm Harbor FL 34684
e mumber of shares of RTICLE V INITE  Name and Tit.  Address  Name and Title	AL OFFICERS AND/OR DIRECTORS  Spiro Marko, Director, President  715 Lime St. Apt.608 Tarpon Springs  FL 34689	Address:   Name and Title	3599 Woodridge Pl Palm Harbor FL 34684

Name and	Title:	Name and Title:
Address		Address
		<del></del>
	REGISTERED AGENT	
The <u>name and Flo</u>	orida street address (P.O. Box NOT acceptable	) of the registered agent is:
Name:	Maria Runge	_
Address:	5451 tropic dr	
	New Port Richey FL 34653	
ARTICLE VII 1	NCORPORATOR	
The name and ad	dress of the Incorporator is:	
Name:	Shayne Trinidad	
Address.	221 N Broad St	<del>-</del>
	Middletown, DE 19709	
Effective date, if o	EFFECTIVE DATE: other than the date of filing: nte is listed, the date must be specific and can	(OPTIONAL) not be more than five days prior or 90 days after the
	inserted in this block does not meet the applical fective date on the Department of State's record	ole statutory filing requirements, this date will not be listed as
		ess for the above stated corporation at the place designated in registered agent and agree to act in this capacity
	Maria Runge Required Signature/Registered Agent	06/09/2021
	Required Signature/Registered Agent	Date
	ument and affirm that the facts stated herein a Department of State constitutes a third degree fe	re true. I am aware that the false information submitted in a lony as provided for in s.817.155, F.S.
	1	06/09/2021
Requir	red Signifure/Incorporator	 Date

n: HyFax -	U	niteTo:ARTICLES	OF	DRCANIZÁTION	FOR' FLO	RIDA	CORP
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6/10/2021

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Division of Corporations

H21000229217 3

Electronic Filing Menu

Corporate Filing Menu

Help