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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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DIVISION OF COMPORATION
TALLAHASSEE, FLORIDA

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J DENNIS

JUL 3 0 2021

FLOPIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

EXAMINER'S INITIALS:\_\_\_\_\_

	(OFFICE USE ONLY)
Corporation Name & Document Number, (if kn	nown):
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1. 108 Ventures Inc.	
(Business Name)	Document #
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NEW FILINGS	<u>AMMENDMENTS</u>
Profit	Amendment
Not for Profit	Resignation of R.A. Officer/Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger
_X CORP	Conversion
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OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing
	Limited Partnership
Fictitious Name	Reinstatement
APOSTIL ( )	Other
Country	
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OTHER FILINGS	REGISTERATION/QUALIFICATIONS
_Annual Report	Foreign filing
Amidal Report	Limited Partnership
Fictitious Name	Reinstatement
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APOSTIL ( )	Other
Country	

## **COVER LETTER**

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

MUST INCLUDE SUFFIX)
poration and a check for:
Filing Fee, ied Copy Certificate of Status
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ST # 203
3220
her

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

DOUG @ MILNECORPSAX, Com E-mail address: (to be used for future annual report notification)

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

ARTICLE I NAME The name of the corporat	ion shall be: 108	VENTUR	ES, INC	
ARTICLE II PRINC	IPAL OFFICE Principal <u>street</u> address		Mailing address	ss, if different is:
1912 HAM	MILTON ST	1203		
JACKSOI	VVILLE, FL	32210	SAME	
ARTICLE III PURPO The purpose for which the	OSE ne corporation is organized is:	:		
THE PUR	POSE OF T	THIS COR	RPORATIO	ON 15 TO
CONDUCT	ANY AND	ALL LAN	NFUL BUS	SINESS:
	6 BUT NO			
	MANAGE			
	Y OF ALL	_		
FROVERI	<i>y</i> 01 1700	1 710	<del></del>	
Name and Title	LOFFICERS AND/OR DIRI PANKAJ K 4600 MVN JACKSONVI	UMAR Name	and Title:	
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Name and Title:		Name	and Title:	
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Name and Title:	Name and Title:
Address	Address:
****	<u> </u>
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. B	ox NOT acceptable) of the registered agent is:
Name: DOUG LAS	J. MILNE
Address: 1912 HAM	ILTONST H203
	VILLE, FL 32210
ARTICLE VII INCORPORATOR	
The name and address of the incorporator is:	
Name: MARIE V	veus_
Address: 1912 Had	MILTON ST # 203
JACKSON	1VILLE, FC 32210
ARTICLE VIII EFFECTIVE DATE:	(OPPIONAL)
(If an effective date is listed, the date must filing.)	
Note: If the date inserted in this block does not the document's effective date on the Departm	not meet the applicable statutory filing requirements, this date will not be listed tent of State's records.
Having been named as registered agent to accordificate, I am familiar with and accept the a	ept service of process for the above stated corporation at the place designated in appointment as registered agent and agree to act in this capacity
DIMile	7/29/21
Required Signature	Registered Agent Date
I submit this document and affirm that the f document to the Department of State constitut	facts stated herein are true. I am aware that the false information submitted i tes a third degree felony as provided for in s.817.155, F.S.
mari Tr. Well	da 7/29/21
Required Signature/Incorporator	Date

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