

08/04/2021 15:09 - 305220140

LAZARUS CORPORATE

03

P 21 0000 72494

Florida Department of State
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.

((H21000306055 3)))



H210003060553ABOV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****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
VENTINA PRODUCTIONS, INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

21 AUG 13 AM 4:07

2021 AUG 13 PM 3:55

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: VENTINA PRODUCTIONS, INC**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address8395 SW 73TH AVE APT 107
MIAMI, FL 33143

Mailing address, if different is:

8395 SW 73TH AVE APT 107
MIAMI, FL 33143**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ENTERTAINMENT AND TELEVISION PRODUCTION**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: MARIELA MASTRANGELOName and Title: MARIA ALES SANDRA VILLEGASAddress: PRESIDENTAddress: VIC-PRESIDENT8395 SW 73TH AVE APT 1078395 SW 73TH AVE APT 107MIAMI, FL 33143MIAMI, FL 33143

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: MARIELA MASTRANGELO
Address: 8395 SW 73TH AVE APT. 107
MIAMI, FL 33143

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARIELA MASTRANGELO
Address: 8395 SW 71TH AVE APT. 107
MIAMI, FL 33143

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

Required Signature/Registered Agent

08/06/2021

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

08/06/2021

Date