

P 210000 105630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

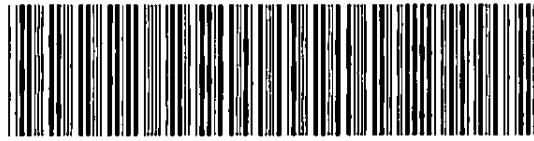
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only

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DEC 29 2021



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RECEIVED

**BARI VENTURES, INC.**  
P15000053324

December 28th, 2021

Re: Statement of Name Release.

Dear Administration,

I, Simon B Cruz, confirm that BARI VENTURES, INC - P15000053324 will not be reinstated and therefore we release the use of the name.

Respectfully,

*Simon B Cruz*

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Simon B Cruz

**COVER LETTER**

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

**Bari Ventures Inc**

SUBJECT: \_\_\_\_\_  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: \_\_\_\_\_  
Name (Printed or typed)

**8400 NW 36th St Ste 450**  
Address

**Doral, FL 33166**  
City, State & Zip

**844.941.1120**  
Daytime Telephone number

**client@alexpina.co**  
E-mail address: (to be used for future annual report notification)

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

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

**ARTICLE I NAME**

The name of the corporation shall be: Bari Ventures Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address: 3105 NW 107th Ave Ste 400  
Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_  
Doral, FL 33172

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any And All Lawful Purposes

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>Simon B Cruz - President</u>	Name and Title:	_____
Address	<u>3105 NW 107th Ave Ste 400</u>	Address:	_____
	<u>Doral, FL 33172</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

21 DEC 29 PM 12:43  
STATE OF FLORIDA  
SECRETARY OF STATE

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: ALEX PINA CO  
 Address: 8400 NW 36th St Ste 450  
Doral, FL 33166

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Simon B Cruz  
 Address: 3105 NW 107th Ave Ste 400  
Doral, FL 33172


**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*

 12/28/2021  
 Required Signature/Registered Agent 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.*

Simon B Cruz 12/28/2021  
 Required Signature/Incorporator Date