

P230000060073

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.

((H23000283050 3)))



H2300028305034BCX

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 : RASI
Account Number : 120220000023
Phone : (800)221-2972
Fax Number : (917)243-5843

2023 AUG 15 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FL

****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
S & V Venetian Dream Corp

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$87.50

RECEIVED
2023 AUG 15 PM 3:05
CORPORATIONS

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

ARTICLE I NAME S & V Venetian Dream Corp
The name of the corporation shall be: _____

<u>ARTICLE II PRINCIPAL OFFICE</u>	Principal <u>street</u> address	Mailing address, if different is:
	4015 Venetian Bay Drive Unit 104	4015 Venetian Bay Drive Unit 104
	Kissimmee FL 34741	Kissimmee FL 34741
	_____	_____
	_____	_____

ARTICLE III PURPOSE to engage in any lawful act or activity for
The purpose for which the corporation is organized is: _____
which corporations may be organized. _____

ARTICLE IV SHARES 200
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Stephanie Reyes-President	Name and Title:	_____
Address	7 Yorke Rd	Address:	_____
	Mahopac, NY 10541		_____
	_____		_____

Name and Title:	Viviana Davila-VP	Name and Title:	_____
Address	5 Fieldstone Dr	Address:	_____
	New Fairfield CT 06812		_____
	_____		_____

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

FILED
2023 AUG 15 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FL

DocuSign Envelope ID: 51683249-A1EB-497E-83E2-0FE83FD1F797

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: Stephanie Reyes
Address: 4015 Venetian Bay Drive Unit 104
Kissimmee FL 34741

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Stephanie Reyes
Address: 7 Yorke Rd
Mahopac, NY 10541

FILED
2023 AUG 15 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FL

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 business days prior or 90 business 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

If 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

DocuSigned by:
STEPHANIE REYES 8/14/2023
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.

DocuSigned by:
STEPHANIE REYES 8/14/2023
Required Signature/Incorporator Date