

PT3 00077218

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : LAMADRID FINANCIAL SERVICES CORP
Account Number : I20200000059
Phone : (954)727-9771
Fax Number : (954)727-9773

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: diang@lamadridfinancial.com

FLORIDA PROFIT/NON PROFIT CORPORATION PenVen Distributor Corp

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

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FLORIDA
DIVISION OF
CORPORATIONS

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TALLAHASSEE, FL

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COVER LETTER

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

SUBJECT: PenVen Distributor Corp
(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

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Giovanna Piskulich
Name (Printed or typed)

8386 NW 68 ST
Address

Miami, FL 33166
City, State & Zip

571-606-4294
Daytime Telephone number

gioviarias@gmail.com
E-mail address: (to be used for future annual report notification)

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

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SECRETARY OF STATE
TALLAHASSEE, FL

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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: PenVen Distributor Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8386 NW 68 ST

8386 NW 68 ST

MIAMI, FL 33166

MIAMI, FL 33166

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1000 SHARES OF US \$1.00 POR VALUE EACH

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Giovanna Piskulich

Name and Title: VICE PRESIDENT

Address 7902 Tysons One Pl Unit 2713
Mclean VA 22102

Address: _____

Name and Title: Victor Manuel Maseda

Name and Title: SECRETARY

Address 8386 NW 68 ST
MIAMI, FL 33166

Address: _____

Name and Title: Daniel Jose Maseda

Name and Title: DIRECTOR

Address 8386 NW 68 ST
MIAMI, FL 33166

Address: _____

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Name and Title: Constantino Capuzzi Name and Title: PRESIDENT
 Address: 8386 NW 68 ST Address: _____
MIAMI, FL 33166 _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: LAMADRID FINANCIAL SERVICES CORP
 Address: 1265 S PINE ISLAND RD
PLANTATION, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GIOVANNA PISKULICH
 Address: 7902 Tysons One Pl
Mclean VA 22102

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11/01/2023 (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
 11/01/2023
 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.

GIOVANNA PISKULICH
 Required Signature/Incorporator

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 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FL
 11/01/2023
 Date

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