

P24000030998

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.

(((H24000162846 3)))



H240001628463ABCD

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
VENTO-ZAFRA CORP**

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

2024 MAY -3 PM 5:34

SECRETARY OF STATE
FILING

2024 MAY -3 PM 5:35

FILED

T.S.H
5/3/24

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:VENTO-ZAFRA CORP**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

8525 SW 109TH AVEMIAMI, FL 33173**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**ADRIANA PEREZ ZAFRA / PRESIDENT8525 SW 109TH AVEMIAMI, FL 33173**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

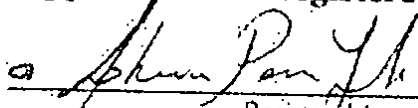
ADRIANA PEREZ ZAFRA8525 SW 109TH AVEMIAMI, FL 33173**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:ADRIANA PEREZ ZAFRA8525 SW 109TH AVEMIAMI, FL 33173

2013 MAY -3 PM 1:30

FILED

Required Signatures:

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




Registered Agent

05/03/2024

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.



Incorporator

05/03/2024

Date

2023 MAY -2 1 PM 10 30
SECRETARY OF STATE
CLERK

FILED