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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : TAX S PRO CORP Account Number : I20200000147 Phone : (786)307-2733 Fax Number : (954)420-7118

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*
INFO@TAXSPRO.COM

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## FLORIDA PROFIT/NON PROFIT CORPORATION OTW VENTURES INC

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## **COVER LETTER**

From: +19544207118 (TAX S PRO)

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

SUBJECT:	OTW VE	NTURES	
Exclosed are an original and one (	1) copy of the articles of incorporation and a check for		ODE SOFTIA)
<b>№</b> \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:		K S PRO CORP	
	8030 PINES BLVD Address		

INFO@TAXSPRO.COM

786-3072733
Daytime Telephone number

PEMBROKE PINES, FLORIDA 33024
City, State & Zip

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)

ARTICLEI NAME The name of the corporation shall be: ARTICLE II PRINCIPAL OFFICE Principal street address Mailing address, if different is: <del>29 S CRYSTAL LAKE</del> DR 1129 S CRYSTAL LAKE DRIVE ORLANDO, FL 32806 ORLANDO, FL 32806 ARTICLE III PURPOSE The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS ARTICLE IV SHARES 100 The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Titl PRESIDENT FINERTY, SEAN LAddress: Address 1129 S CRYSTAL LAKE DR ORLANDO, FL 32806 \_\_\_\_\_ Name and Title:\_\_\_ \_\_\_\_\_ Address: Name and Title: Name and Title:



Name s	and Title:	_ Name and Title:	
Addre			
		<del></del>	
APTICI E VI	DECISTEDED ACENT		
The name and	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable)	of the registered agent is:	
	•	<i>g</i>	
Name:	TAX S PRO CORP	_	
Address:	8030 PINES BLVD		
	PEMBROKE PINES, FL 33024		
		_	
<u>ARTIÇLE YII</u>	<u>INCORPORATOR</u>	•	
The <u>name and a</u>	address of the Incorporator is:		
<del></del>	•		
	TAX S PRO CORP	_	
Address:	8030 PINES BIND		
	PEMERCKE PINES , FL 33024	<del></del>	
		<del>_</del>	
ARTICI E VIII	EFFECTIVE DATE:		
Effective date, i	f other than the date of filing: 08/23/2	024 (OPTIONAL)	
(If an effective flling.)	date is listed, the date must be specific and cann	ot be more than five days prior o	r 90 days after the
Note: If the dat	e inserted in this block does not meet the applicable effective date on the Department of State's records	e statutory filing requirements, this	date will not be listed as
Having been nat certificate, I am	med as registered agent to accept service of process ; familiar with and accept the appointment as registe	for the above stated corporation at to red agent and agree to act in this ca	he place designated in this pacity
			08/23/2024
	Required Signature/Registered Agent		Date
submit this do	cument and affirm that the facts stated herein are Department of State constitutes a third degree felor	true. I am aware that the false in	formation submitted in a
		y 12 provinca jor in 5.81 /.133, F.S.	00/00/000
Required Signan	ure/Incorporator		08/23/2024
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