

Florida Department of State  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
VENE SAVINGS CORP**

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**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME** Vene Savings Corp

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1971 Bayberry Dr, Pembroke Pines FL 33024**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: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Jhan Hurtado (President)Name and Title: Jorgo Caraballo (Vicepresident)Address 1971 Bayberry Dr.Address: 1971 Bayberry Dr.Pembroke Pines FL 33024Pembroke Pines FL 33024Name and Title: Royer Monterola (Treasurer)Name and Title: Omar Molina (Director)Address 1971 Bayberry Dr.Address: 1971 Bayberry Dr.Pembroke Pines FL 33024Pembroke Pines FL 33024

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

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**ARTICLE VI REGISTERED AGENT**The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:Name: Jhan HurtadoAddress: 1971 Bayberry Dr. Pembroke Pines Fl 33024**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: Jhan HurtadoAddress: 1971 Bayberry Dr. Pembroke Pines Fl 33024**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*\_\_\_\_\_  
Required Signature/Registered Agent01/14/2025\_\_\_\_\_  
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.*\_\_\_\_\_  
Required Signature/Incorporator01/14/2024\_\_\_\_\_  
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