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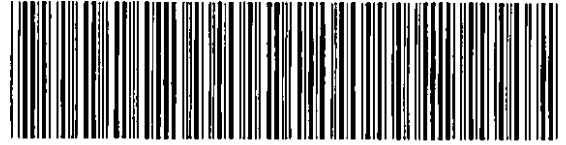
(Business Entity Name)

(Document Number)

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DATE: 07/11/2024

NAME: VELES HOLDINGS, INC.

TYPE OF FILING: ARTICLES

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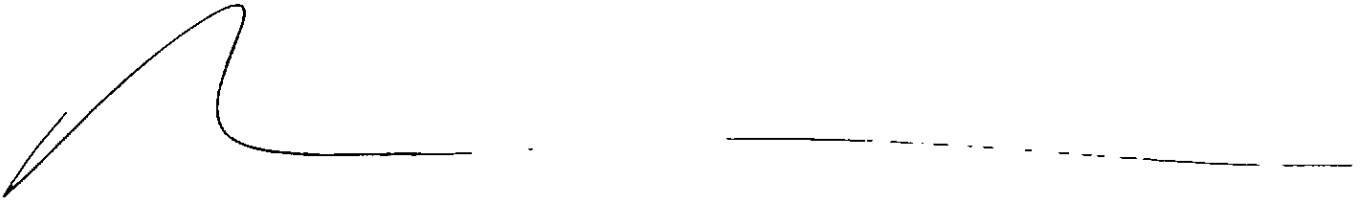
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TALLAHASSEE, FL

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

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

SUBJECT: Veles Ventures, Inc.
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: _____
Name (Printed or typed)

Address

City, State & Zip

Daytime Telephone number

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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STATE OF FLORIDA
DIVISION OF CORPORATIONS

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: Veles Ventures, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3005 W Lake Mary Blvd, Suite 111 PMB 1023

PO Box 96145, RPO West Springs

Lake Mary, FL 32746

Calgary, Alberta, Canada, T3H 0L3

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Holding Company

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Andrei Arapov, Director

Name and Title: _____

Address 3005 W Lake Mary Blvd

Address: _____

Suite 111 PMB 1023

Lake Mary, FL 32746

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FL

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: Andrei Arapov
Address: 3005 W Lake Mary Blvd, Suite 111 PMB 1023
Lake Mary, FL 32746

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Andrei Arapov, Incorporator
Address: 3005 W Lake Mary Blvd, Suite 111 PMB 1023
Lake Mary, FL 32746

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STATE
FLORIDA

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

 July 9, 2024
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.

 July 9, 2024
Required Signature/Incorporator Date