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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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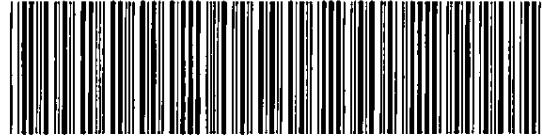
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: Sanders 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: Simon Moritz
Name (Printed or typed)

PO Box 487
Address

AIVA, FL 33920
City, State & Zip

239-984-3404
Daytime Telephone number

Kathleen@Paradiseintltax.com
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)

ARTICLE I NAME

The name of the corporation shall be:

Sanders Ventures Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

22081 Tuckahoe Rd
AIWA, FL 33920

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all Lawful
business pertaining to Real Estate Investments

ARTICLE IV SHARES

The number of shares of stock is:

100 Shares @ \$1.00 PAR Value Per Share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Connie Sanders Secretary

Name and Title: DAVID SANDERS, Vice Presd

Address 22081 Tuckahoe Road
AIWA, FL 33920

Address: 22081 Tuckahoe Road
AIWA FL 33920

Name and Title: Simon Moritz, President

Name and Title:

Address 22081 Tuckahoe Rd
AIWA, FL 33920

Address:

Name and Title:

Name and Title:

Address

Address:

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: Kathleen Flynn
Address: 1314 Cape Coral Pkwy E Ste 208
Cape Coral FL 33904

ARTICLE VII INCORPORATOR

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

Name: Simon Moritz
Address: P.O. Box 487
Alva FL 33920

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

Kathleen Flynn

Required Signature/Registered Agent

1/15/2025
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.

Simon Moritz

Required Signature/Incorporator

1/15/2025
Date