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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MD 1/15

COVER LETTER

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

SUBJECT: Noire Financial Corp.
(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 Filing Fee	☐ $78.75 Filing Fee & Certificate of Status	☐ $78.75 Filing Fee & Certified Copy	☐ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Johnson Arice
Name (Printed or typed)

8300 NW 166 Ter
Address

Miami Lakes, FL 33016
City, State & Zip

954-376-2895
Daytime Telephone number

NoireFinancial@live.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: Noire Financial Corp.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

8300 NW 166 Ter
Miami Lakes, FL 33016

Mailing address, if different is:

P.O. Box 245013
Pembroke Pines, FL 33024

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Financial Services.

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES
The number of shares of stock is: 1 [Johnson Arice]

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Johnson Arice, P
Address: P.O. Box 245013
Pembroke Pines, FL 33024

Name and Title: Johnson Arice, P
Address: 8300 NW 166 Ter
Miami Lakes, FL 33016
IF NO P.O. BOX →

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

(cont.)

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Johnson Arice

Address: 8300 NW 166 Ter

Miami Lakes, FL 33016

ARTICLE VII INCORPORATOR

ARTICLE VIII Effective Date

Effective Date: Jan. 8, 2014

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

Name: Johnson Arice

Address: 8300 NW 166 Ter

Miami Lakes, FL 33016

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

Johnson Arice
Required Signature/Registered Agent

01/06/2014
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.

Johnson Arice
Required Signature/Incorporator

01/06/2014
Date