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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : SORSHER & ASSOCIATES, LLC.
Account Number : I20170000056
Phone : (954)842-2931
Fax Number : (954)842-2936

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
NOVOSOUTH, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

FILED
20 FEB 13 PM 2:24
ST. AUGUSTINE, FLORIDA

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CORPORATIONS
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COVER LETTER

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

SUBJECT: NOVOSOUTH, 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 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: NOVOSOUTH, INC.
Name (Printed or typed)

17145 N BAY ROAD, APT PH 4608
Address

SUNNY ISLES BEACH, FL 33160
City, State & Zip

(647)838-1840
Daytime Telephone number

ALEX.NOVDVORETS@GMAIL.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: NOVOSOUTH, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
17145 N BAY ROAD, APT PH 4608
SUNNY ISLES BEACH, FL 33160

Mailing address, if different is:
17145 N BAY ROAD, APT PH 4608
SUNNY ISLES BEACH, FL 33160

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:	<u>ALEXANDER NOVODVORETS - P</u>	Name and Title:	<u>MARIANA NOVODVORETS - VP</u>
Address	<u>17145 N BAY ROAD, APT PH4608</u> <u>SUNNY ISLES BEACH, FL 33160</u>	Address:	<u>17145 N BAY ROAD, APT PH4608</u> <u>SUNNY ISLES BEACH, FL 33160</u>

Name and Title:	_____	Name and Title:	_____
Address	_____	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: ALEXANDER NOVODVORETS
 Address: 17145 N BAY ROAD, APT PH 4608
SUNNY ISLES BEACH, FL 33160

ARTICLE VII INCORPORATOR

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

Name: ALEXANDER NOVODVORETS
 Address: 17145 N BAY ROAD, APT PH 4608
SUNNY ISLES BEACH, FL 33160

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

Alexander Novodvorets _____ 02/13/2020 _____
 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.

Alexander Novodvorets _____ 02/13/2020 _____
 Required Signature/Incorporator Date