

P220000856823

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000085682 3))



H220000856823ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : CAPITOL SERVICES, INC.
 Account Number : I2016000017
 Phone : (855)498-5500
 Fax Number : (800)432-3622

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

Email Address: _____

22 MAR 17 PM 12:43

**FLORIDA PROFIT/NON PROFIT CORPORATION
 NOVOMEDICAL, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

03/07/2022 10:23:04 AM

Electronic Filing Menu

Corporate Filing Menu

Help

T. SCOTT

MAR - 8 2022

DocuSign Envelope ID: 2D5787D3-0623-4D1B-AF8C-AF16BE33257B

H22000085682 3

COVER LETTER

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

SUBJECT: NOVOMEDICAL, 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: ALEXANDER NOVODVORETS
Name (Printed or typed)
714 TYLER STR.
Address
HOLLYWOOD, FL, 33019
City, State & Zip
647-838-1840
Daytime Telephone number
info@taxonweb.ca
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

DocuSign Envelope ID: 2D5767D3-0623-4D1B-AF8C-AF16BE33257B

H22000085682 3

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: NOVOMEDICAL, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

714 TYLER STR., HOLLYWOOD, FL 33019

714 TYLER STR., HOLLYWOOD, FL 33019

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALEXANDER NOVODVORETS
PRESIDENT

Name and Title: MARIANA NOVODVORETS
VICE PRESIDENT

Address: 714 TYLER STR.
HOLLYWOOD, FL, 33019

Address: 714 TYLER STR.
HOLLYWOOD, FL, 33019

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

22
-7
A
A
A

DocuSign Envelope ID: 2D5767D3-0623-4D1B-AF8C-AF18BE33257B

H22000085682 3

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: 714 TYLER STR.
HOLLYWOOD, FL, 33019

ARTICLE VII INCORPORATOR

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

Name: ALEXANDER NOVODVORETS

Address: 714 TYLER STR.
HOLLYWOOD, FL, 33019

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

Digitally signed by ALEXANDER NOVODVORETS
Required Signature/Registered Agent

3/4/2022 | 6:20:45 AM PST
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.

Digitally signed by ALEXANDER NOVODVORETS
Required Signature/Incorporator

3/4/2022 | 6:20:45 AM PST
Date