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(Business Entity Name)				
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#### **COVER LETTER**

TO: Registration Division of	Section Corporations		
SUBJECT: N	OVA Case M Name of corpora	anagement ation - must include suffix	Inc.
Dear Sir or Madam:			
"Certificate of Exist	ication by Foreign Corporation ence," or "Certificate of Good reign corporation to transact bu	Standing" and check are sub	omitted to register the
Please return all cor	respondence concerning this m	atter to the following:	Fig. 5
Lauren	Oliver	_	ত
2001011		e of Person	_ <del></del>
NOVA C	ase Manage	ment Company	2: 20
29000 V	SHWY 98 BL		·
Daphn	l, A1 31.52 City/Sta	te and Zip code	
laucen	pliveranova	CM.Net	notification)
For further informat	ion concerning this matter, plea	ase call:	
Richard S Name of Pe	rson at (ASI)	Code Daytime Telep	D   hone Number
Registration Division of C Clifton Build	Corporations ding ive Center Circle	MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7
Enclosed is a check	for the following amount:		
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. 1. NOVA Case Management, Inc (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. Alabama 3. 47-4544218
(State or country under the law of which it is incorporated) (FEI number, if applicable) 4. 7-15-15 (Date of incorporation) 5. (Date of duration, if other than perpetual) 6. 3/34/16 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 29000 US HWY 98 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) LOSQMIZ GAHTOND 2805 Copper Riage CT Office Address: Loxe Mary Florida 32746
(Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

10. Attached is recrificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

Address:  B. OFFICERS  CEO President:  Note:  Note:  Secretary:  Address:  Treasurer:  Address:  NOTE: If necessary, you may land an addendum to the application listing additional officers and/or directors.  Signature of Director or Officer  The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein	A. DIRECTORS		
Vice Chairman:  Address:  Director:  Address:  Director:  Address:  B. OFFICERS  CEO President:  You Study 98 Tody 4-101  Daylove, 10 36526  Vice President:  Li chard Sullivan  Address:  Treasurer:  Address:  Treasurer:  Address:  NOTE: If necessary, you may feath an addendum to the application listing additional officers and/or directors.  Signature of Director or Officer  The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein	Chairman:		
Vice Chairman:  Address:  Director:  Address:  B. OFFICERS  President:  Z9000 U.S. Huny 98 Bldg A-101  Deglane, M. 36526  Vice President:  Vid	Address:		
Address:  Director:  Address:  B. OFFICERS  CEO  President:  Address:  Z9000 US Huy 98 Bldg 4-101  Deglare, M. 36520  Vice President:  Vice Pr			
Director:  Address:  B. OFFICERS  C. C	Vice Chairman:		
Address:  B. OFFICERS  CEO President:  Address:  Z9000 U.5 Huy 98 Ddg A-101  Deghve, M. 36526  Vice President:  Coo Vice President:  NOTE: If necessary, you may feach an addendum to the application listing additional officers and/or directors.  Signature of Director or Officer  The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein	Address:		
Address:  B. OFFICERS  CEO President:  Address:  Z9000 U.5 Huy 98 Ddg A-101  Deghve, M. 36526  Vice President:  Coo Vice President:  NOTE: If necessary, you may feach an addendum to the application listing additional officers and/or directors.  Signature of Director or Officer  The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein			
Director:  Address:  B. OFFICERS  CEO Ryaw Sinley  Address:  2900 Us Huy 98 Bldg 4-101  Dealine, M. 3652L  Vice President:  Richard Sullival  Address:  Secretary:  Address:  Treasurer:  Address:  NOTE: If necessary, you may hach an addendum to the application listing additional officers and/or directors.  12.  Signature of Director or Officer  The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein	Director:		
Director:  Address:  B. OFFICERS  CEO President:  Address:  Z9000 US Hwy 9B Tdag A-101  Deglane, M 36526  Vice President:  Li chare Sullivan  Address:  Secretary:  Address:  Treasurer:  Address:  NOTE: If necessary, you may fach an addendum to the application listing additional officers and/or directors.  12.  Signature of Director or Officer  The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein	Address:		
Address:  B. OFFICERS  President:  Address:  Address:  Secretary:  Address:  Treasurer:  Address:  NOTE: If necessary, you may stach an addendum to the application listing additional officers and/or directors.  Signature of Director or Officer  The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein			
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B. OFFICERS  CEO President:  Address:  Z9000 US Hwy 98 Ddg A-101  Deglare, M. 36526  Vice President:  Vice President:  NOTE: If necessary, you may feach an addendum to the application listing additional officers and/or directors.  Signature of Director or Officer  The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein	Address:	F	72 E.
President: Ryow Shirley  Address: 29000 Us Hwy 98 Bldg 4-101  Deghne, M 36526  Vice President: Ri church Sullivan  Address:  Secretary:  Address:  Treasurer:  Address:  NOTE: If necessary, you may stack an addendum to the application listing additional officers and/or directors.  12.  Signature of Director or Officer  The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein			<u> </u>
Address: 29000 US Hwy 98 Bdg A-101  Deglare, M 36526  Vice President: Zichard Sullivad  Address:  Secretary: Address:  Treasurer: Address:  NOTE: If necessary, you may stach an addendum to the application listing additional officers and/or directors.  12.  Signature of Director or Officer  The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein		5.	
Vice President: Richard Sullivad  Address:  Secretary:  Address:  Treasurer:  Address:  NOTE: If necessary, you may death an addendum to the application listing additional officers and/or directors.  12.  Signature of Director or Officer  The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein		00 2011	_
Vice President:		?6526	
Address:  Secretary:  Address:  Treasurer:  Address:  NOTE: If necessary, you may deach an addendum to the application listing additional officers and/or directors.  Signature of Director or Officer  The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein		M· .	
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Address:    Comparison of Director or Officer   Comparison of the facts stated herein			
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Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein	NOTE: If necessary, you may had	h an addendum to the application listing additional officers and/or directors.	
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein	12		
are true and that he or she is aware that false information submitted in a document to the Department of State constitute a third degree felony as provided for in s.8 17.155, F.S.	are true and that he or she is aware the	document (and who is listed in number 11 above) affirms that the facts stated he hat false information submitted in a document to the Department of State cons	

(Typed or printed name and capacity of person signing application)

John H. Merrill Secretary of State P. O. Box 5616 Montgomery, AL 36103-5616

# State of Alabama

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

as appears on file and of record in this office, the pages hereto attached, contain a true, accurate, and literal copy of the Articles of Formation filed on behalf of Nova Case Management, Inc, as received and filed in the Office of the Secretary of State on 07/20/2015.



20160412000006124

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

04/12/2016

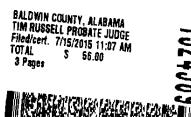
Date

X.W. Merill

John H. Merrill

Secretary of State

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# CERTIFICATE OF INCORPORATION OF NOVA CASE MANAGEMENT, INC.

#### ARTICLE 1 NAME

The name of the corporation is Nova Case Management, Inc. (the "Corporation").

#### ARTICLE 2 STOCK

The Corporation shall have the authority to issue 1,000 shares of common stock, such shares representing the sole capital stock of the Corporation.

### ARTICLE 3 REGISTERED OFFICE; REGISTERED AGENT

The address of the initial registered office of the Corporation shall be 31972 Badger Court, Spanish Fort, Alabama 36527, and its registered agent at such address shall be Ryan Shirley.

### ARTICLE 4 PERIOD OF DURATION

The period of duration of the corporation of the corporation will be perpetual.

## ARTICLE 5 CORPORATE PURPOSE

The corporation is organized pursuant to the provisions of Title 10A, Chapter 2, Code of Alabama (1975), as amended (the "Code"), as a corporation for the purpose of transacting any lawful business for which a corporation may be organized thereunder.

### ARTICLE 6 DIRECTORS

The initial director will be Ryan Shirley. The number of directors may be fixed or changed from time to time by the board of directors.

### ARTICLE 7 EXCULPATION

No director of the Corporation will have any liability to the Corporation or its shareholders for money damages for any action taken, or any failure to take any action, as a director, except liability for (A) the amount of financial benefit received by the director to which he or she is not entitled; (B) an intentional infliction of harm on the Corporation; (C) a violation of Section 10A-2-8.33 of the Code; (D) an intentional violation of criminal law; or (E) a breach of the director's duty of loyalty to the Corporation.

In witness whereof, the undersigned incorporator has executed this Certificate of Incorporation on this 13th day of July, 2015.

Incorporator:

Sean P. Dudley, Esq. Burr & Forman LLP

11 N. Water St., Suite 22200

Mobile, Alabama 36602

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

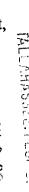
# STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

pursuant to the provisions of Title 10A, Chapter 1, Article 5, Code of Alabama 1975, and upon an examination of the entity records on file in this office, the following entity name is reserved as available:

Nova Case Management, Inc

This name reservation is for the exclusive use of Ryan Shirley, 31972 Badger Ct, Spanish Fort, AL 36527 for a period of one year beginning July 10, 2015 and expiring July 10, 2016





RES695035

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

July 10, 2015

Date

X2. Muill

John H. Merrill

Secretary of State