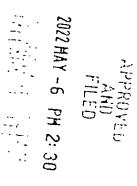
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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
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Special Instructions to Filing Officer:

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CEALLACTORY

MAY 0 9 2022 K. Brumbley

CORPORATE

When you need ACCESS to the world

INC. 236 East 0

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

		W	ALK IN		
	PICK U	UP:	5,6 DANNY		
	CERTIFIED COPY				
XX	У РНОТОСОРУ				
	CUS				
XX	K FILING	FORE	IGN INC		
1.	NOVINEER, INC.	NT #)			
2.	(CONTONATE NAME AND DOCUME	ΔIN I #)			
	(CORPORATE NAME AND DOCUME	INT #)			
3.	(CORPORATE NAME AND DOCUME	NT #)			
4.	(CORPORATE NAME AND DOCUME	NT #)			
5.					
6.	(CORPORATE NAME AND DOCUME	NT #)			
0.	(CORPORATE NAME AND DOCUME	NT #)			
SPECIA INSTR	AL UCTIONS:				
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COVER LETTER

	tration Section ion of Corporations			
SUBJECT:	Novineer, Inc.			
	Name o	f corporation -	must include suffix	
Dear Sir or M	adam:			
"Certificate of	"Application by Foreign Corf Existence," or "Certificate of the Corporation to transfer to the Corporation t	of Good Stand	ng" and check are submitt	
Please return a	all correspondence concernir	g this matter to	o the following:	
Mark Ingram				
		Name of Po	erson	
Corridor Legal				
		Firm/Comp	any	
7777 Wickham	1 Road, Ste. 12 #417			
		Addres	<u> </u>	
Melbourne, FL	32940			
		City/State and	l Zip code	
mingram@cori	-			
	E-mail address:	(to be used for	future annual report notif	ication)
For further inf	formation concerning this ma	itter, please cal	1:	
Mark Ingram		321 at (252-9274	
Name	e of Person	Arca Code	Daytime Telephone	e Number
Regist Divisi The C 2415	EET/COURIER ADDRESS tration Section on of Corporations centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303	:	MAILING ADDI Registration Section Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on rations
	check for the following amou eck payable to: FLORIDA DE ng Fec	PARTMENT C Fee & □		l \$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.

Dolomoro	able in Florida, enter alternate corporate name ad	lopted for the purpose of transacti	ing business in Florida)	
2. Delaware	y under the law of which it is incorporated)	(EE)	1' 11)	
4. (Date	of incorporation) 5	(Date of duration, if other	than nemetual)	
		, 2 0 , 2 1, 1 , 2	, and perpending	
6	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502		lity)	
7 1511 Aviation Ce	enter Parkway, Daytona Beach, FL 32114			
,	(Principal office	street address)	 	
	(Current mailing	address, if different)	2022	
8. Name and stree	et address of Florida registered agent: (P.O. Ali Tamijani	Box <u>NOT</u> acceptable)	2022 HAY -6	APPRO AM FILE
Office Address:	1511 Aviation Center Parkway		PM 2:) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Daytona Beach	, Florida <u>32114</u>	30	
	(City)	(Zip code)		
designated in this further agree to c	ent's acceptance: led as registered agent and to accept service application, I hereby accept the appointme, omply with the provisions of all statutes rela with and accept the obligations of my posit	nt as registered agent and agi ative to the proper and compl	ree to act in this capac	city. I

10. Attached is a certificate 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.

DocuSign Envelope ID: 547F443A-3B99-4686-9433-58A0C9A7041A

Jocusign Envelope ID: 54/F443A-3B99-4686-9433-58AUC9A/04 A. DIRECTORS

□Čhairman	Ali Tamijani	Down	Marin.
	Name:	□Chairman	Name:
□Vice Chairman	Ormond Beach, FL 32174	☐Vice Chairman	Address:
Director		□Director	
President		□President	
□Vice President		□Vice President	
Secretary	□Treasurer	□Secretary	□Treasurer
CEO	□Other	□Other	Other
□ Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	
□President		□President	
□Vice President		□Vice President	<u> </u>
□Secretary	□Treasurer	Secretary	□Treasurer
Other	Other	□Other	Other
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
Director		□Director	
□President		President	
□Vice President		□Vice President	
□Secretary	□Treasurer	Secretary	□Treasurer
Other	Other	□Other	
Important Notice: I individuals may be	Use an attachment to report more than six (6). The attachment to report more than six (6). The attachment to the index when filling your Florida Department of the index when for the index when filling your florida Department of the index when fil	nt of State Annual Ri	ed for reporting purposes only. Non-indexed teport form.
The officer of disco	BD12F318919AHRUTE OF Director of		
the officer of direc	tor signing this document (and who is listed in numbe	r 11 above) attirms th	nat the facts stated herein are true and that he or

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

, Ali Tamijani, CEO

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "NOVINEER, INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF APRIL, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NOVINEER, INC."

WAS INCORPORATED ON THE TWENTY-FIRST DAY OF APRIL, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES

HAVE BEEN ASSESSED TO DATE.

at corg delaware poy/auth

Authentication: 203283717

Date: 04-27-22