Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850) 922-4001

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone

: (305)541-3694

Fax Number

: (305)541-3770

FLORIDA PROFIT CORPORATION OR P.A.

NOVOMAR, INC.

Estimated Charge	\$78.75
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ARTICLES OF INCORPORATION

(3)

OF

NOVOMAR INC.

ARTICLE I

The name of the corporation shall be:

NOVOMAR INC.

ARTICLE II PRINCIPAL PLACE OF BUSINESS

The principal place of business and the mailing address of this corporation shall be:

1905 NW 9th Street Delray Beach, Florida 33445

> ARTICLE III DURATION

This Corporation shall have perpetual existence commencing on the date of the filing of these Articles of Incorporation with the Department of State of Florida.

ARTICLE IV PURPOSE(8)

This Corporation is organized for the purposes of transacting any and all lawful business.

ARTICLE V CAPITAL STOCK

This Corporation is authorized to issue 1,000 shares of \$1.00 par value common stock

ARTICLE VI QUORUM FOR STOCKHOLDERS MEETINGS

Unless otherwise provided for in the Corporation's Bylaws, a

PREPARED BY: Tim A. Shene, P.A. 4800 M. Federat Highway, #2018 80ca Raton, FL 33431 (561) 362-5551 Mar No. 368431

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majority of the shares entitled to vote, represented in person or by proxy, shall be require to constitute a quorum at a meeting of shareholders.

ARTICLE VII LIMITATION OF CORPORATE POWERS

The corporate powers of this corporation are as provided in section 617, Florida statutes, unless limited as follows:

No limitations

ARTICLE VIII

The name and street address of the initial registered agent is:

Michael Gasparello 1905 NW 9th Street Delray Beach, Florida 33445

ARTICLE IX INCORPORATORS

The name(s) and street address(es) of the incorporator(s) for these articles of incorporation is (are):

> Michael Gasparello 1905 NW 9th Street Delray Beach, Florida 33445

ARTICLE I INITIAL BOARD OF DIRECTORS

This Corporation shall have one director initially. The number of directors may be either increased or diminished from time to time in the manner provided in the Bylaws, but shall never be less than One. The name and address of the initial Director of the corporation is as follows:

> Michael Gasparello 1905 NW 9th Street Delray Beach, Florida 33445

ARTICLE XI INDEMNIFICATION

The Corporation shall indemnify its officers, directors and authorized agents for all liabilities incurred directly, indirectly or incidentally to services performed for the Ħ00000053042

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Corporation, to the fullest extent parmitted under Florida law existing now or hereinafter enacted.

ARTICLE XII LIMITATIONS ON SHARMEOLDERS SULTS

Shareholders chall not have a cause of action against the Company's officers, Directors or agents as a result of any action taken, or as a result of their failure to take any action, unless deprivation of such right is deemed a nullity because, in the specific case, deprivation of a right of action would be impermissible in conflict with the public policy of the State of Florida. The fact that this Article shall be inapplicable in certain circumstances and the Courts of the State of Florida are hereby granted the specific authority to restructure this hareby granted the specific authority to restructure this

The undersigned incorporator(s) has(have) executed these articles of incorporation this 6 day of June 1000

signature(s) of the incorporator(s)	
X Medical Jospanica	Michael Gasparello
	Typed Name of Incorporator
	Typed Name of Incorporator

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

- 1. The name of the corporation: November Inc.
- The name and address of the registered agent and office is:

Michael Gasparello 1905 NW 9th Street Delray Beach, Florida 33445

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HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

STGNATURE:

Chael Gasparely

DATE:

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