Department of State Division of Comparting

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

Enclosed is an	n original and one(1) copy of the art	icles of incorporation and	a check for	
☐ \$70 · Filing	0.00 \$ \$78.75	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
I	FROM: AN-HONY (Name	ADDITIONAL CO	PY REQUIRED S	÷.
	USII NW MADGATZ, F	Address PIACE Address J 330(43) y, State & Zip	EE, FLORES	
	(981) 227 - 08 Daytime	GG QSV 8U8 Telephone number	-SSEAceil	_

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

68,01

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
ARTICLE I NAME The name of the corporation shall be: NOCID VAN LINES. INC
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: UNI NW 38 PIACE WALGATE, PL 33063
ARTICLE III PURPOSE The purpose for which the corporation is organized is: NOING
ARTICLE IV SHARES The number of shares of stock is: \OO
ARTICLE V INITIAL OFFICERS DIRECTORS (optional) The name(s) and address(es): ANTHONY DI DONDO (811 NW 28 PC MARGATE, FL 33003
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: ANTHONY DISONOD [0811 NW 28PIC ARTICLE VII INCORPORATOR MARCE AGENT WARREN FL 32913
The name and address of the Incorporator is ANUMONY DISORBO (8811 NW 284h P), Margade, F1, 33063

Signature/Incorporator Date 5 3 1 0 (