

POS000017923

Nameniuk & Co., Ltd.

Certified Public Accountants

4520 19th Ave SW, Suite 5  
Fargo, ND 58103

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

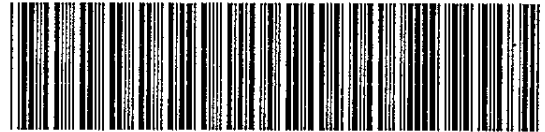
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

2/3/05  
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## TRANSMITTAL LETTER

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

**SUBJECT:** NOSLENS, 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** NAMENIUK & CO., LTD.

\_\_\_\_\_  
Name (Printed or typed)

4520 19TH AVE SW, STE 5

\_\_\_\_\_  
Address

FARGO, ND 58103

\_\_\_\_\_  
City, State & Zip

701-282-3300

\_\_\_\_\_  
Daytime Telephone number

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

## 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:

NOLSENS, INC.

### **ARTICLE II      PRINCIPAL OFFICE**

The principal place of business/mailling address is:

306 MAGNOLIA AVE, PO BOX 1670  
ANNA MARIA, FL 34216

### **ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is:

INVESTMENT HOLDINGS

### **ARTICLE IV      SHARES**

The number of shares of stock is:

1000

### **ARTICLE V      INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

STEVE NELSON  
306 MAGNOLIA AVE  
ANNA MARIA, FL 34216  
PRESIDENT

### **ARTICLE VI      REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

STEVE NELSON  
306 MAGNOLIA AVE  
ANNA MARIA, FL 34216

### **ARTICLE VII      INCORPORATOR**

The name and address of the Incorporator is:

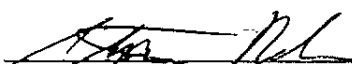
STEVE NELSON  
306 MAGNOLIA AVE  
ANNA MARIA, FL 34216

\*\*\*\*\*

*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*

  
\_\_\_\_\_  
Signature/Registered Agent

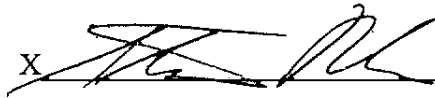
1-10-05  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

1-10-05  
\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Article VIII: Effective date for incorporation to be February 1, 2005. NOSLENS, INC.  
is a fiscal year corporation with fiscal year beginning February 1<sup>st</sup> and  
ending January 31<sup>st</sup>.

x 

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