

P09000096397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

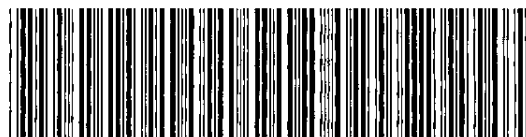
(Document Number)

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RECEIVED  
09 NOV 30 PM 1:27  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
09 NOV 30 PM 1:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 13, 2009

BACHIR QUAZZANI  
1604 NORRWOOD LANE  
TALLAHASSEE, FL 32312

SUBJECT: NOVACFD  
Ref. Number: W09000050243

We have received your document for NOVACFD, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

The fees for profit and nonprofit, domestic or foreign are as follows:

Filings Fees:	\$35.00
Registered Agent Designation	\$35.00
Certified Copy	\$8.75
Certificate of Status	\$8.75

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

An effective date may be added to the Articles of Incorporation **if a 2010 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole  
Regulatory Specialist II

Letter Number: 909A00035526

## COVER LETTER

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

SUBJECT: NOVACFD  
(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  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

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

**ADDITIONAL COPY REQUIRED**

FROM: Bachir Ouazzani  
Name (Printed or typed)

1604 Norwood Lane  
Address

Tallahassee, FL 32312  
City, State & Zip

850-228-5560  
Daytime Telephone number

bachir\_oua@hotmail.com  
E-mail address: (to be used for future annual report notification)

**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:

NOVACFD INC.

## ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

1604 Norwood Lane, Tallahassee, FL 32312

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To offer a wide range of cost effective software consulting services, which can be tailored to customers specific requirements.

## ARTICLE IV SHARES

The number of shares of stock is:

1

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Bachir Ouazzani, owner  
1604 Norwood Lane  
Tallahassee, FL 32312

## ARTICLE VI REGISTERED AGENT

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

Bachir Ouazzani  
1604 Norwood Lane  
Tallahassee, FL 32312

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Bachir Ouazzani  
1604 Norwood Lane  
Tallahassee, FL 32312

\*\*\*\*\*  
*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*

*B. Ouazzani*

Signature/Registered Agent

*B. Ouazzani*

Signature/Incorporator

9/17/09

Date

9/17/09

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA