

P110000062674Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
THE NOVALS OF THE KEYS, INC.

Certificate of Status	0
Certified Copy	1
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DIVISION OF CORPORATIONS

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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:

THE NOVALS OF THE KEYS, INC.**ARTICLE II PRINCIPAL OFFICE**

Principal street address

97501 OVERSEAS HWYUNIT #808KEY LARGO, FL 33037

Mailing address, if different is:

P.O. BOX 372723KEY LARGO, FL 33037**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: PRESIDENTAddress: MARTHA NOVAL97501 OVERSEAS HWY, UNIT #808KEY LARGO, FL 33037

Name and Title: _____

Address: _____

Name and Title: VICE PRESIDENTAddress: DAVID NOVAL97501 OVERSEAS HWY, UNIT #808KEY LARGO, FL 33037

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

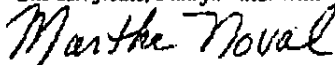
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MARTHA NOVALAddress: 97501 OVERSEAS HWY, UNIT #808KEY LARGO, FL 33037**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LOUISE FERRISAddress: 925 TOPPINO DRIVEKEY WEST, FL 33040

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



Required Signature/Registered Agent

7/11/2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.



Required Signature/Incorporator

7/11/2011

Date

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