Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000244140 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

· To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973

Fax Number : (305)220-1440

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 **NINESCA, INC**

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 02 |
| Estimated Charge | \$78.75 |

Electronic Filing Menu

Corporate Filing Menu

https://efile.sunbiz.org/scripts/efilcovr.exe

10/6/2011

10/11/2011 11:28:43 AM PAGE 1/002 Fax Server

October 11, 2011

LAZARUS CORPORATE FILING SERVICE, INC.

SUBJECT: NINESCA, INC REF: W11000052244

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

Section 607.0802 or 617.0802, Florida Statutes, requires directors to be natural persons 18 years old or older.

The title(s) in the officer/director field(s) is/are not acceptable.Please refer to the following link for acceptable officer/director titleinformation. http://www.sunbiz.org/titledef.html.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

If you have any further questions concerning your document, please call (850) 245-6973.

#4803 P.003/005

08/22/2029 05:14

10/11/2011 11:28:43 AM PAGE 2/002 Fax Server

Claretha Golden Regulatory Specialist II New Filing Section FAX Aud. #: H11000244140 Letter Number: 811A00023299 10/10/2011 11:58:05 AM PAGE 1/001 Fax Server



October 10, 2011

FLORIDA DEPARTMENT OF STATE

LAZARUS CORPORATE FILING SERVICE, Division of Corporations

SUBJECT: NINESCA, INC REF: W11000052051

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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) 245-6995.

Jessica A Fason Regulatory Specialist II FAX Aud. #: H11000244140 Letter Number: 811A00023204 08/22/2029 05:14

H11000244140

#4603FPL 205/005 SECRETARY OF STATE DIVISION OF CORPORATIONS

11 OCT | | AM 9: 39

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| ARTICLE 1 N | AME NINESCA, INC | | | |
|------------------------|--|--|---------------------------------------|--|
| ARTICLE II P | RINCIPAL OFFICE | | | |
| | Principal street address | Mailing address, if different is: | | |
| <u>AVE</u> | NIDA UNION 8A-23 PLANTA BAJA | | CE | |
| VE | NEZUELA | DORAL FL 3317 | 8 | |
| | | | | |
| | | | | |
| ARTICLE III PU | | | | |
| The purpose for which | h the corporation is organized is: | | | |
| • | | | | |
| | | | | |
| | | • | | |
| | | | • | |
| | | | | |
| Albertett To but an | WARES | | | |
| ARTICLE IV S | | • | | |
| The number of shares | or stock is: I UU | | | |
| ADTION TO TO | NITIAL OFFICERS AND/OR DIRECTORS | 3 | | |
| Nome and Title | NINESCA CA (President). | Mama and Tirles | | |
| Address: | AVENIDA UNION 8A 23 PLANTA BAJA | V qquees, | | |
| Address: | VENEZUELA | | | |
| | VENEZUELA | | | |
| | | | | |
| Name and Title | <u> </u> | Name and Title: | · · · · · · · · · · · · · · · · · · · | |
| Address: | | Address: | | |
| | | | | |
| | | | | |
| | | | | |
| | 2 | Name and Trile: | | |
| Address: | | Address: | | |
| | | | | |
| | | · ` · · · · · · · · · · · · · · · · · · | | |
| 4 TAMOUT TA 117 1 | TATOFFDDD APDIM | | • | |
| | EGISTERED AGENT the street address (P.O. Box NOT acceptable) of | the acceptance of the second second | • | |
| | | tite testemetert tikeur te: | | |
| Name: | LUIS ROSALES | • | | |
| Address: | 5931 NW 173 DR STE9 | - | | |
| • | MIAMI, EL 33015 | - | | |
| ARTICLE VII I | NCORPORATOR | | | |
| | ess of the Incorporator is: | | | |
| Name: | LUIS ROSALES | • | • | |
| Address: | 5931 NW 173 DR STEG | - - | • | |
| •••••• | 5931 NW 173 DR STE9 MIAMI, FL 33015 | | | |
| | | _ | | |
| Having been named | as registered agent to accept service of process | for the above stated corpor | ration at the place designated in | |
| this certificate, I am | familiar with and accept the appointment as reg | istered agent and agree to ac | t in this capacity | |
| | | • | | |
| | The state of the s | | 10/11/2011 | |
| | Required Signature/Registered Agent | | Pate | |
| | • - • | | | |
| I submit this docum | neral and affirm that the facts stated herein are | true. I am aware that the f | false information submitted in a | |
| document to the Det | partment of State constitutes a third degree felon | y as provided for in s.817.15. | 5, F.S. | |
| , | تعميد وسنسر وسيد مر | | , / / | |
| | The state of the s | • | 10/1/12011 | |
| | Required Signature/Incorporator | | Date | |
| | Tradest an orfermed a manthaman | • | | |