

P12000027020

Florida 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

Re-Sending  
Correction  
3-19-12

\*\*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  
NOXON GROUP INC

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 MAR 19 PM 4:35

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March 19, 2012

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

EMPIRE

SUBJECT: NOXON GROUP INC  
REF: W12000015538

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.

Please correct the name of the registered agent.

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) 245-6052.

Pamela Smith  
Regulatory Specialist II

FAX Aud. #: H12000069719  
Letter Number: 412A00009582

P.O BOX 6327 - Tallahassee, Florida 32314

H11200069719

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

**ARTICLE I NAME** NOXON GROUP INC  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
13550 SW 120 STREET STE 406-A153  
MIAMI FLORIDA 33186

Mailing address, if different is:  
13550 SW 120 STREET STE 406-A153  
MIAMI FLORIDA 33186

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
TO ENGAGE IN ANY LAWFUL ACTIVITY PERMITTED BY  
THE LAWS OF THIS STATE.

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**ARTICLE IV SHARES**  
The number of shares of stock is: 100 SHARES WITH A PAR VALUE OF \$1.00 PER SHARE

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

Name and Title: JULIO C MESA - PRESIDENT Name and Title: \_\_\_\_\_  
Address: 13550 SW 120 STREET STE 406-A153 Address: \_\_\_\_\_  
MIAMI FLORIDA 33186  
\_\_\_\_\_  
Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  
Name: JULIO C MESA  
Address: 13550 SW 120 STREET STE 406-A153  
MIAMI FLORIDA 33186

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:  
Name: JULIO C MESA  
Address: 13550 SW 120 STREET STE 406-A153  
MIAMI FLORIDA 33186

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

\_\_\_\_\_  
Registered Signature/Registered Agent 03/15/12  
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.

\_\_\_\_\_  
Registered Signature/Incorporator 03/15/12  
Date

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