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(((H140002838093)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Phone : (305)552-5973

Fax Number

: (305)675-5944

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

Fmail	Address:			

## FLORIDA PROFIT/NON PROFIT CORPORATION **NOTAM INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

#5145 P.002/003

H14003283809

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

**ARTICLE I** NAME: The name of the corporation is:

## EFFECTIVE DATE 01/01/15

•	NOTAM INC	
	ARTICLE II PRINCIPAL OFFICE:	
	The principal street address and mailing address is:	
	12261 SW 41 ST. Miami. FL. 33175	-
		#
	· · · · · · · · · · · · · · · · · · ·	
ARTI	CLE III SHARES: The number of shares of stock is: 100	
	***	7. T. S.
	ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	200
	Ineiris Cobas President	55.
	<b>₽</b>	
	-	N. I
	·	
4 700		
	FICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:	
The n	ame and Florida street address (PO Box not acceptable) of the registered agent is:	
	Ineiris (10003 1226/5W 1157)	
	Miani Fh. 33175	
	•	
ART		
	neiris Cobas 12261 SW 41 ST.	#
	Miami . FL. 33175	
	·	
		4.1

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## Required Signatures:

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 Agent	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.

Incorporator Date