

03/05/2015 11:58 13254337200
5/6/2015

RAFAEL MORAN CR PA
Division of Corporations

PAGE 01/05

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H15000110798 3)))



H150001107983ABC%

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 : MIT PRODUCTS AND SERVICE, INC.
Account Number : 070402002741
Phone : (305)677-3781
Fax Number : (305)433-7300

15 MAY -6 AM 11:20
DIVISION OF CORPORATIONS

****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
NOVUM TECHNOLOGIES CORP.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

15 MAY -6 PM 12:46

H15000110798 3

ARTICLES OF INCORPORATION

OF

NOVUM TECHNOLOGIES CORP.

The undersigned incorporator (s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

NOVUM TECHNOLOGIES CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

4310 SW 54 AVENUE
DAVIE, FLORIDA 33314

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any time is: 1000 SHARES, ONE DOLLAR PAR VALUE PER SHARE.

ARTICLE IV-PREEMPTIVE RIGHTS

Every stockholder, upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which it already holds, shall have the right to purchase his pro rata share thereof, as nearly as may be done without issuance of fractional shares as the price at which it is offered to others.

H15000110798 3

H15000110798 3

ARTICLE V-INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

BROOKE ASTRID VARELA
4310 SW 54 AVENUE
DAVIE, FLORIDA 33314

ARTICLE VI

INITIAL BOARD OF DIRECTOR(S)

This corporation shall have (1) (one) director initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one. The name(s) and address(es) of the initial director(s) on this corporation is (are):

BROOKE ASTRID VARELA
4310 SW 54 AVENUE
DAVIE, FLORIDA 33314

ARTICLE VII

OFFICER(S) AND SUBSCRIBER(S)

The officer(s) and subscriber(s) of this corporation is (are) as follow:

BROOKE ASTRID VARELA PRESIDENT/TREASURER/DIRECTOR/ 100 SHARES
SECRETARY

H15000110798 3

H15000110798 3

ARTICLE VIII

INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

BROOKE ASTRID VARELA
4310 SW 54 AVENUE
DAVIE, FLORIDA 33314

The undersigned has (have) executed these Articles of Incorporation this
06TH Day of MAY 2015



BROOKE ASTRID VARELA/INCORPORATOR
Signature/Title

H15000110798 3

H15000110798 3

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, Submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: NOVUM TECHNOLOGIES CORP.

The name and address of the registered agent and office is:

BROOKE ASTRID VARELA
(NAME)

4310 SW 54 AVENUE
(ADDRESS)

DAVIE, FLORIDA 33314
(CITY/STATE/ZIP)

SIGNATURE *B. Varela*

TITLE President

DATE MAY 06, 2015

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE *B. Varela*

DATE MAY 06, 2015

H15000110798 3