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Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number: 075350000353

: (800)221-2972

Phone Fax Number

: (888) 692-9256

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## FLORIDA PROFIT/NON PROFIT CORPORATION NOC REALTY INC.

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September 10, 2015

FLORIDA DEPARTMENT OF STATE

E-FILE, BLUBERG/EXCELSIOR CORPORATE

SUBJECT: NOC REALTY INC.

REF: W15000059837

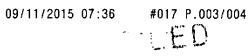
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15 SEP 11 PM 8: 12

## ARTICLES OF INCORPORATION

| MILANA   | de) e:<br>SSŒ, | STATE<br>FLORIDA |
|----------|----------------|------------------|
| TALL AMP | 3312-1         | 1 6.0            |

| LE II PRIN   | CIPAL OFFICE  |                     |                                  |
|--|---|---------------------|----------------------------------|
|  | Principal street address  |                     | Mailing address, if different is |
| RCHID DRIV   | Е   | 4137                | ORCHID DRIVE                     |
| ANDO BEACI   | H, FL 34607   | HER                 | NANDO BEACH, FL 34607            |
| EIII PURF<br>oose for which                        | POSE the corporation is organized is:   | TATE                |                                  |
|  |   |                     |                                  |
|  |   |                     |                                  |
|  |   |                     |                                  |
|  |   |                     |                                  |
| ····   |   |                     |                                  |
| LE IV SHA  | RES 1 000   |                     |                                  |
| LE V INIT  | RES 1,000 of stock is:  IAL OFFICERS AND/OR DIRECTORS LAMES BALDING                       |                     |                                  |
| LE V INIT  | IAL OFFICERS AND/OR DIRECTORS tle:  |                     | 'ide:                            |
| LE V INIT  | IAL OFFICERS AND/OR DIRECTORS tle: JAMES BALDINO 4137 ORCHID DRIVE                        |                     | Title:                           |
| <i>LE V INIT</i> Name and Ti                       | IAL OFFICERS AND/OR DIRECTORS tle: 4137 ORCHID DRIVE                                      | Name and I          |                                  |
| Name and Til<br>Address                            | IAL OFFICERS AND/OR DIRECTORS  JAMES BALDINO  4137 ORCHID DRIVE  HERNANDO BEACH, FL 34607 | Name and 1 Address: |                                  |
| Name and Tit  Address  Name and Tit                | IAL OFFICERS AND/OR DIRECTORS  JAMES BALDINO  4137 ORCHID DRIVE  HERNANDO BEACH, FL 34607 | Name and T          | Title:                           |
| <i>LE V INIT</i> Name and Til  Address             | IAL OFFICERS AND/OR DIRECTORS  JAMES BALDINO  4137 ORCHID DRIVE  HERNANDO BEACH, FL 34607 | Name and T          |                                  |
| Name and Tit  Address  Name and Tit                | IAL OFFICERS AND/OR DIRECTORS  JAMES BALDINO  4137 ORCHID DRIVE  HERNANDO BEACH, FL 34607 | Name and T          | Title:                           |
| Name and Tit<br>Address<br>Name and Tit<br>Address | IAL OFFICERS AND/OR DIRECTORS  JAMES BALDINO  4137 ORCHID DRIVE  HERNANDO BEACH, FL 34607 | Name and T          | Title:                           |

| Name an                               | d Title:   | Name and Title:   |
|---------------------------------------|--|---|
| Address                               |  | Address:  |
|                                       |  |   |
|                                       |  |   |
|                                       | REGISTERED AGENT<br>lorida street address (P.O. Box NOT acceptable) of                                     | the registered apent is:  |
| Name:                                 | JAMES BALDINO  | the regional agent to.  |
| Address:                              | 4137 ORCHID DRIVE  | •   |
| Audi ess.                             | HERNANDO BEACH, FL 34607   | •   |
| ARTICLE VII                           | INCORPORATOR   |   |
| The <u>name and a</u>                 | ddress of the Incorporator is:   |   |
| Name:                                 | JAMES BALDINO  | _   |
| Address:                              | 4137 ORCHID DRIVE  | •   |
| ,                                     | HERNANDO BEACH, FL 34607   | •<br>-  |
| ARTICLE VIII                          | EFFECTIVE DATE:  |   |
| Effective date, if                    | f other than the date of filing:   | . (OPTIONAL) of the more than five business days prior or 90 business   |
| Note: If the dat                      | e inserted in this block does not meet the applicable effective date on the Department of State's records. | statutory filing requirements, this date will not be listed as  |
| Having been na<br>this certificate, I | med as registered agent to accept service of process<br>am familiar with and accept the appointment as rej | s for the above stated corporation at the place designated in<br>gistered agent and agree to act in this capacity |
| 1.                                    | and Rulde  | Sept 9., 2015   |
|                                       | Required Signature/Registered Agent  | Date  |
| I submit this do                      | cument and affirm that the facts stated herein are   | true. I am aware that the false information submitted in a  |
| aocument to the                       | Department of State constitutes a third deaffer felor  |   |
| Deg                                   | iired Signature/Incorpore/by   | Sept., 9 2015  Date   |