

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : SUPERBIZ.COM, INC.
Account Number : I20070000160
Phone : (800) 494-3124
Fax Number : (305) 675-2811

****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
NICTOMRE INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be :
NICTOMRE INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is :

**C/O ITALIAN CPA MIAMI FIRM PA
201 S BISCAYNE BAY BLVD
28TH FLOOR
MIAMI, FL 33131**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:
1500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS

The name(s), address(es), and title(s) of the directors and officers is/are:

**PRESIDENT:
ANTONIO CASTIGLIONI
201 S BISCAYNE BAY BLVD
28TH FLOOR
MIAMI, FL 33131**

FILED
15 NOV 16 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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PAGE 2 NICTOMRE INC.

ARTICLE VI REGISTERED AGENT

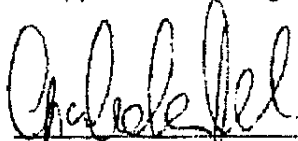
The name and Florida street address of the registered agent is:

**ITALIAN CPA MIAMI FIRM PA
201 S BISCAYNE BAY BLVD
28TH FLOOR
MIAMI, FL 33131****ARTICLE VII INCORPORATOR**

The name and Florida street address of the incorporator is:

**ANTONIO CASTIGLIONI
201 S BISCAYNE BAY BLVD
28TH FLOOR
MIAMI, FL 33131**

Having been named as registered agent to accept service of process for the above 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.

**GIULIA IACOBELLI-MILANO** / Registered Agent

11/16/2015

Date

I submit this document and affirm that facts stated herein are true. I am aware that any 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.

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that 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. I acknowledge that I have read the above "Notice of Annual Report" statement and understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

**ANTONIO CASTIGLIONI** / Incorporator

11/16/15

Date

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