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WITHER SOLE HOWAR

April 2, 2018

Department of State

Division of Corporations

PO Box 6327

Tallahassee, FL 32314

Reference Novel Consulting International Inc

Florida Document Number P15000076501

Dear Department:

It has come to my attention that my annual report for my company Novel Consulting International Inc., Document Number P15000076501 was not renewed timely.

At this time I am asking the department to release my florida document number P15000076501 for Novel Consulting International Inc.

I am further enclosing new articles that I would like the state to process for me at this time.

Thanking you in advance for your assistance with these matters.

Sinderely,

Jénna Roman, President

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: NOVEL	CONSULTING INTERNATIONA	AL INC	
SOBJECT.	(PROPOSED CORPORA	ATE NAME - MUST INCL	<u>UDE SUFFIX</u>)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:
■ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate o Status
		ADDITIONAL CO	PY REQUIRED
FROM:		e (Printed or typed)	
131	8 CAPE CORAL PARKWAY E S	Address	
CA	PE CORAL, FL 33904	Address	
	City	, State & Zip	
239	-984-3404		
	Daytime 7	Felephone number	
JNF	ROMAN86@GMAIL.COM		
	E-mail address: (to be use	ed for future annual report	notification)

NOTE: Please provide the original and one copy of the articles.

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

<u>ARTICLE II PRIN</u>	SCIPAL OFFICE Principal street address	Mailing a	Mailing address, if different is:	
1314 CAPE CORAL PARKWAY E SUITE 208		SAME		
CAPE CORAL, FL	33904			
ARTICLE III PUR. The purpose for which	POSE ANY ANI the corporation is organized is:	D ALL LAWFUL BUSINES:	S PERTAINING TO CONSU	
			18 641.1	
			JUN 1	
ARTICLE IV SHA The number of shares	RES 100 SHARES @\$1.00 PAR Vof stock is:		PM 3: 01	
ARTICLE V INIT	TIAL OFFICERS AND/OR DIRECTORS			
Name and Ti		Name and Title:		
Address	361 ALAMANDER CT #402	Address:		
	FORT MYERS, FL 33919	<u>. </u>	-	
Name and Ti	le:	Name and Title:		
Address				
			<u> </u>	
Name and Tit	le:		,	

Name	and Title:	Name and Title:	
Addro	ess	Address:	
ARTICLE VI	REGISTERED AGENT		
The name and	Florida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	KATHLEEN FLYNN	_	18
Address:	1314 CAPE CORAL PKWY E STE 208	_	<i> </i>
-	CAPE CORAL, FL 33904	_	
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>		JUN 11 PM 3: 01
The <u>name and</u>	address of the Incorporator is:		01
Name:	JENNA ROMAN		<i>18</i>
Address:	9361 ALAMANDER CT #402		
	FORT MYERS, FL 33919		
Effective date,	II EFFECTIVE DATE: 1/1/2018 If other than the date of filing:	(OPTIONAL) not be more than five days pi) rior or 90 days after the
	ate inserted in this block does not meet the applicab's effective date on the Department of State's records		s, this date will not be listed as
	named as registered agent to accept service of proce I am familiar with and accept the appointment as r		
Xa	Therman 4 Ou		10/0/2019
1,000	Required Signature/Registered Agent		Date
I submit this a	document and affirm that the facts stated herein at the Department of State constitutes a third degree felo	re true. I am aware that the fo	alse information submitted in a iS, F.S.
On man	a Roman	· •	4/6/2018
Rec	quired Signature/Incorporator		Date