

P18000071296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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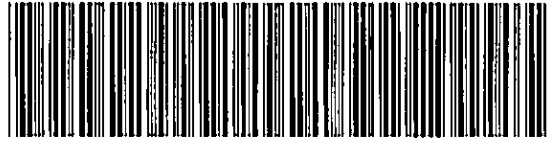
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 AUG 20 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FL 32307

AUG 21 2018

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COVER LETTER

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

SUBJECT: Noga Digital, Inc

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Daniel Amar

Name (Printed or typed)

2121 River Reach Dr Apt 472

Address

Naples, Florida 34104

City, State & Zip

9174999349

Daytime Telephone number

contact@nogadigital.com

E-mail address: (to be used 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)

ARTICLE I NAME

The name of the corporation shall be: Noga Digital, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

2121 River Reach Dr Apt 472

Naples, FL 34104

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Marketing services marketing services and any other legal propose

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Daniel Amar CEO

Address 2121 River Reach Dr Apt 472

Naples, FL 34104

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Daniel Amar _____

Address: 2121 River Reach Dr Apt 472 _____

Naples, FL, 34104 _____

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Daniel Amar _____

Address: 2121 River Reach Dr Apt 472 _____

Naples, FL, 34104 _____

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 08/20/18 _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Required Signature/Registered Agent

08/20/18

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.

Required Signature/Incorporator

08/20/18

Date