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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : AMERICA COMPANY FORMATION & MANAGEMENT INC
Account Number : 120180000071
Phone : (239)214-8992
Fax Number : (786)460-8863

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: info@company-usa.com

FLORIDA PROFIT/NON PROFIT CORPORATION
NCLC Insitute Corp

Certificate of Status	0
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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: NCLC Institute Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

1217 Cape Coral Parkway E Suite 136

Cape Coral FL 33904

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 10000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RAU MICHAEL

Address 1217 Cape Coral Parkway E Suite 136

Cape Coral FL 33904

Name and Title: President

Address:

Name and Title:

Address:

Name and Title:

Address:

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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: AMERICA COMPANY FORMATION & MANAGEMENT INC

Address: 1217 Cape Coral Pkwy E

Cape Coral FL 33904

ARTICLE VII INCORPORATOR

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

Name: Michael Rau

Address: 1217 Cape Coral Pkwy E

Cape Coral FL 33904

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

_____ *11/05/2018*

Required Signature/Registered Agent 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.

_____ *11/05/2018*

Required Signature/Incorporator Date