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To:

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

From:

Account Name : INTERSTATE FILINGS LLC
Account Number : I20110000086
Phone : (718)569-2703
Fax Number : (718)504-7890

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

Email Address: contact@interstatefilings.com

FLORIDA PROFIT/NON PROFIT CORPORATION
NOAVEE CORP.

Certificate of Status	0
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Corporate Filing Menu

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18 DEC 20 PM 5:17
DIVISION OF CORPORATIONS

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: NOAVEE CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

4180 N 42ND AVE.

HOLLYWOOD, FL 33021

Mailing address, if different is:

4180 N 42ND AVE.

HOLLYWOOD, FL 33021

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LAWFUL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: TIRTZA VIZEL, PRESIDENT

Address: 4180 N 42ND AVE.

HOLLYWOOD, FL 33021

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(cont.)

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:

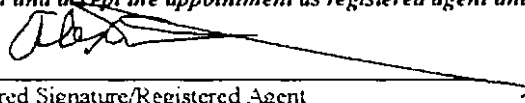
Name: INTERSTATE AGENT SERVICES LLC
Address: 1540 GLENWAY DRIVE
TALLAHASSEE, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: TIRTZA VIZEL
Address: 4180 N 42ND AVE.
HOLLYWOOD, FL 33021

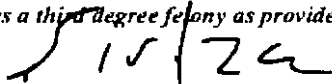
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

12/19/2018

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

12/20/18

Date