

P19000012401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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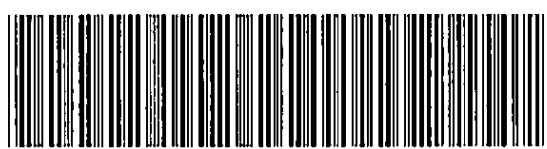
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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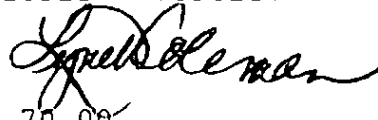
T SCHROEDER

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 628323 7690287

AUTHORIZATION :



COST LIMIT : \$ 70.00

ORDER DATE : February 11, 2019

ORDER TIME : 10:10 AM

ORDER NO. : 628323-005

CUSTOMER NO: 7690287

DOMESTIC FILING

NAME: NOI HOUSE INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft - EXT. 62925

EXAMINER'S INITIALS: _____

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

ARTICLE I NAME Noi House Inc.
The name of the corporation shall be: _____

Principal street address

New York, New York 10022

New York, New York 10022

ARTICLE III PURPOSE Any and all lawful business.
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES 100
The number of shares of stock is:

Name and Title: Barbara Zaggia, President & Director

Address 509 Madison Avenue, Suite 1510
New York, New York 10022

Name and Title: Daniela Morrison, Vice-President

Address: 509 Madison Avenue, Suite 1510
New York, New York 10022

Name and Title: Antonio Valla, Secretary

Address 333 Bush Street, Suite 2020
San Francisco, California 94104

Name and Title:

Address:

Name and Title: Filippo Amoroso, Treasurer

Address 333 Bush Street, Suite 2020
San Francisco, California 94104

Name and Title:

Address:

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STATE OF MISSISSIPPI
JAIL AT JACKSON
CLERK

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: Corporation Service Company
Address: 1201 Hays Street
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Daniela Morrison
Address: 509 Madison Avenue, Suite 1510
New York, New York 10022

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STATE OF FLORIDA
TALLAHASSEE

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

By: Emily Croft Emily Croft
Corporation Service Company
Required Signature/Registered Agent Asst. Vice President

02/11/19
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.

Daniela Morrison
Required Signature/Incorporator

February 11, 2019
Date