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| | N CULLIGAN APR 1.3 2019 | |

COVER LETTER

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

NOAH'S JANITURTAL SERVECE INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) SUBJECT:

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

3 \$70.00 Filing Fee

\$78.75 \$78.75Filing Fee& Certificate of Status Filing Fee

\$78.75
Filing Fee
& Certified Copy
& Certificate of & Certificate of Status ADDITIONAL COPY REQUIRED

FROM: VICTOR E. BOYA Name (Printed or typed) 140 OIA FELERA/ COULT Address QUENEY, FLORMA 32351 City. State & Zip

₹50- 284 -1628 Davtime Telephone number

VICEOYO LE SMAIL, COM E-mail address: (to be used for future annual report notification)

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

NUAL JANETONIA SERVECE, INC 140 DIA FEDERANT COUNT QUINCY, FLOREDA 32351

APAIL 15, 10/9

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STATE OF FLOREDA DEJAN-AMENIT OF STATE DEVESSION OF CONPORTEONS

DEAN NEVESSON:

I VECTOR E. Boyd AD NOT WESH to USE the business NAME OF NOAH JANETONEAN SERVELE, INC.

SENCERELY, Taston E. Bay

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

| ARTICLE 1 NAME The name of the corporation | on shall be: NUAHS JA | NETURIAL SE | WELE INC. | _ |
|--|---|---------------------------------------|---------------------------------|----------------------|
| <u>ARTICLE II _ PRINCI</u> I | <u>PAI. OFFICE</u> Principal <u>street</u> address | Ma | iling address, if different is: | |
| 140 01 | FEDERAL COURT | · · · · · · · · · · · · · · · · · · · | | |
| ARTICLE III PURPOS | Flort BA 3735 SE e corporation is organized is: | / | | |
| Rest | ENIZAL AND COM. | | | |
| | IE Also Burles | | | |
| | | | | 2 |
| | | | | <u>ч</u> ј т, |
| <u>ARTICLE IV</u> SHARE. The number of shares of st | | | | |
| | OFFICERS AND/OR DIRECTOR | | PRES, DENT | |
| Address | VECTOR E. Boy. 140 AL FEDERAL | | | |
| | QUENCY, FLOADDA | | QUENCY, Flora | <u>eAA_</u> 3,2357 |
| Name and Title:_ | | Name and Title: | | |
| Address _ | | | | |
| | | | | |
| Name and Title: | | Name and Title: | | |
| Address | | Address: | | <u> </u> |
| | | | | |

| 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: 619 619 12 MANNEL SAPP 21 - 2 NA STREET Name: Address: DUENCY, FLARE 14 3335/ 24 Ģ

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

1

Address:

VECTER 140 OID FEDERAL COUNT QUENCY, FlerEDA 33351

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

Required Signature/Registered Agent <u>04 - 11 - 3019</u> 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.

Victor & Biejol Required Signature/Incorporator

<u>04 -11 - 2019</u> Date

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