

P190000 88960

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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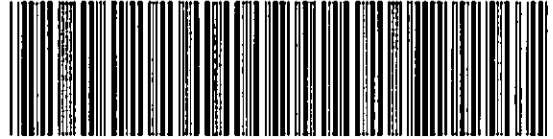
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

J DENNIS

DEC 05 2019



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11/15/19--01017--002 \*\*78.75

## COVER LETTER

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

**SUBJECT:** NQN Management 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:** Noah Nelson

Name (Printed or typed)

520 20th Ave

Address

Indian Rocks Beach, Florida 33785

City, State & Zip

7202271063

Daytime Telephone number

noah.nelson2015@gmail.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: NQN Management Inc.

### ARTICLE II PRINCIPAL OFFICE

Principal street address

520 20th Ave

Indian Rocks Beach FL

33785

Mailing address, if different is:

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Provide operational, management, business development services to company clients.

### ARTICLE IV SHARES

The number of shares of stock is: 1000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Noah Nelson, President

Address

520 20th Ave

Indian Rocks Beach

FLorida 33785

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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: Noah Nelson  
Address: 520 20th Ave  
Indian Rocks Beach FL 33785

**ARTICLE VII INCORPORATOR**

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

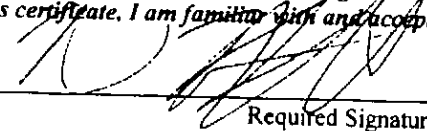
Name: Noah Nelson  
Address: 520 20th Ave  
Indian Rocks Beach FL 33785

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 11/11/2019. (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

11/11/2019  
\_\_\_\_\_  
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

11/11/2019  
\_\_\_\_\_  
Date