P19000093734

| (Re | questor's Name) | |
|-------------------------|-------------------|--------------|
| | | |
| (Address) | | |
| | | |
| (Address) | | |
| (Cit | y/State/Zip/Phone | ±1) |
| (Ch | y/State/Lip/Fnone | с т) |
| | | MAIL |
| | | |
| (Bu | siness Entity Naπ | 1e) |
| | | |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| | | |
| Special Instructions to | Filing Officer: | |
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| | | |
| | | |
| | Office Use On | ly |



11/25/19--01023--030 ++6.75

11/25/18--01034--024 +*123.75

FILED 2019 NOV 25 PH 1: 07 SECRETARY OF STATE SECRETARY OF STATE

ELC∵

DEC 1 × 200

COVER LETTER

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

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Certificate of Domestication of Novion Inc.

SUBJECT:

:

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

| Certificate of Domestication | \$ | 50.00 |
|--|-------------|--------|
| Articles of Incorporation and Certified Copy | \$ | 78,75 |
| Total to domesticate and file | \$] | 128.75 |

OPTIONAL:

Certificate of Status

\$ 8.75

Josef Cumpelik

Name (printed or typed)

10549 Carena Circle

Address

Fort Myers, FL 33913

City, State & Zip

203 231-2360

Daytime Telephone Number

admin@radonseal.com

É-mail address: (to be used for future annual report notification)

FILED

| | CERTI | FICATE OF D | OMESTICATION | 2019 NOV 25 PM |
|----------|---|---|----------------------------|---------------------------------|
| The u | ndersigned, | ĸ | Vice President | |
| ine u | (1 | Name) | ,, (Ti | SECRETARY OF tle) TALLAHASSE |
| of No | ovion Inc. | | | a foreign corporation. |
| in acc | (Corporation) ordance with s. 607.1801, Flo | | hereby certify: | |
| 1. Tł | ne date on which corporation w | was first formed wa | February 28 | , 1997 , |
| | ne jurisdiction where the abov Connect ame into being was | | | |
| 3. TI | ne name of the corporation im | mediately prior to | | te of Domestication |
| | ne name of the corporation, as 607,0202 and 607,0401 with | | | |
| ad in | ne jurisdiction that constituted Iministration of the corporatio Imediately before the filing of Connecticut | n, or any other equ the Certificate of I | ivalent jurisdiction under | applicable law, |
| | ttached are Florida articles of s. 607.1801. | incorporation to co | mplete the domestication | requirements pursu |
| l am _ | Vice President, of | vion Inc. | | |
| | m authorized to sign this Certi 19t Novembers the day of | ificate of Domestic | | |
| | | alle fair | ulik | |
| | | (Authorized S | ignature) | |

(Authorized Signature)

| Filing Fee: | |
|--|-----------------|
| Certificate of Domestication | \$ 50.00 |
| Articles of Incorporation and Certified Copy | <u>\$ 78.75</u> |
| Total to domesticate and file | \$128.75 |

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ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

FILED

2019 NOV 25 PM 1:08

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Novion Inc.

SECRETARY OF STATE TALLAHASSEE, FL

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address 10549 Carena Circle Mailing Address 494 Bridgeport Ave, Suite 101

Fort Myers, FL 33913

Shelton, CT 06484-4748

ARTICLE III PURPOSE

The PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED: Supply advance products to homeowners and contractors primarily for the care and repair

of indoor and outdoor concrete, bricks, masonry, driveways and basements, and for radon

reduction.

ARTICLE IV SHARES 1,500

THE NUMBER OF SHARES OF STOCK IS:

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ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

| Title/Name Craig Balocca, President | Title/Name Daniel Cumpelik, Vice President |
|--|---|
| | |
| 7 Spoke Drive | 1636 Oak Leaf St. |
| Shelton, CT 06484 | Charleston, SC 29492 |
| Title/Name | Title/Name |
| Josef Cumpelik, Vice President | |
| 10549 Carena Circle | |
| Fort Myers, FL 33913 | |
| Title/Name | Title/Name |
| | |
| Title/Name | Title/Name |
| | |
| | |

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Josef Cumpelik

.

10549 Carena Circle

Fort Myers, FL 33913

ARTICLE VII INCORPORATOR

THE <u>NAME AND ADDRESS</u> OF THE INCORPORATOR IS: Josef Cumpelik

10549 Carena Circle

Fort Myers, FL 33913

FILED 2011 NOV 25 PH 1: 08 ECRETARY OF STA TALLAHASSEE, FL

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.

Signature/Registered Agent

Signature/Incorporator

Date

Date