

P200 0001 1940
 Florida Department of State
 Division of Corporations
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To:
 Division of Corporations
 Fax Number : (850)617-6381

From:
 Account Name : FASTKIT CORP
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 Phone : (305)599-0839
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
NOVEL HEALTH MD, INC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$78.75

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Corporate Filing Menu

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FEB 12 2000

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: NOVEL HEALTH MD, INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

4851 SW 111 TERRACE

DAVIE, FL 33328

Mailing address, if different is:

4851 SW 111 TERRACE

DAVIE, FL 33328

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS IN THE STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

ROBERTO FERNANDEZ-BLAY, PRESIDENT

Address 4851 SW 111 TERRACE

DAVIE, FL 33328

Address: _____

Name and Title: CARMEN DULZAIDES, SECRETARY

Name and Title: _____

Address 4851 SW 111 TERRACE

Address: _____

DAVIE, FL 33328

Name and Title: _____

Name and Title: _____

Address _____

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: ROBERTO FERNANDEZ-BLAY
Address: 4581 SW 111 TERRACE
DAVIE, FL 33328

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: ROBERTO FERNANDEZ-BLAY
Address: 4581 SW 111 TERRACE
DAVIE, FL 33328

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.

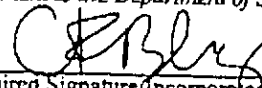
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

02/10/20

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

02/10/20

Date _____