

P20000012926

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : SORSHER & ASSOCIATES, LLC.
Account Number : I20170000056
Phone : (954)842-2931
Fax Number : (954)842-2936

****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
NOVOSOUTH, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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CORPORATIONS
DIVISION
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TALLAHASSEE
FLORIDA

COVER LETTER

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

SUBJECT: NOVOSOUTH, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: NOVOSOUTH, INC.
Name (Printed or typed)

17145 N BAY ROAD, APT PH 4608
Address

SUNNY ISLES BEACH, FL 33160
City, State & Zip

(647)838-1840
Daytime Telephone number

ALEX.NOVDVORETS@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 NAMEThe name of the corporation shall be: NOVOSOUTH, INC.**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address17145 N BAY ROAD, APT PH 4608SUNNY ISLES BEACH, FL 33160

Mailing address, if different is:

17145 N BAY ROAD, APT PH 4608SUNNY ISLES BEACH, FL 33160**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ALEXANDER NOVODVORETS - PAddress: 17145 N BAY ROAD, APT PH4608SUNNY ISLES BEACH, FL 33160Name and Title: MARIANA NOVODVORETS - VPAddress: 17145 N BAY ROAD, APT PH4608SUNNY ISLES BEACH, FL 33160

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 AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: ALEXANDER NOVODVORETS
Address: 17145 N BAY ROAD, APT PH 4608
SUNNY ISLES BEACH, FL 33180

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: ALEXANDER NOVODVORETS
Address: 17145 N BAY ROAD, APT PH 4608
SUNNY ISLES BEACH, FL 33180

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

Alexander Novodvoretz
Required Signature/Registered Agent

02/13/2020

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.

Alexander Novodvoretz
Required Signature/Incorporator

02/13/2020

Date