

Florida Department of State
Division of Corporations
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To:

Division of Corporations
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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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FLORIDA PROFIT/NON PROFIT CORPORATION
NOMV CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

FEB 19 2020

T. SCOTT

RECEIVED
 2020 FEB 18 PM 1:28
 SPECIAL SERVICES

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: NOMV CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1161 NW 125 PL1161 NW 125 PLMIAMI, FL 33182MIAMI, FL 33182**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: P: NELLY ORTEGA MName and Title: VP: MARIANGEL PAZ O.Address 1161 NW 125 PLAddress: 1161 NW 125 PLMIAMI, FL 33182MIAMI, FL 33182

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2020 FEB 18 PM 1:45
NOTARIAL SEAL

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: NELLY ORTEGA M.
Address: 1161 NW 125 PL
MIAMI, FL 33182

ARTICLE VII INCORPORATOR

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

Name: NELLY ORTEGA M.
Address: 1161 NW 125 PL
MIAMI, FL 33182

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 02/14/2020 (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

X. *Nelly Ortega M.* 02/14/2020
Required Signature/Registered Agent 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.

X. *Nelly Ortega M.* 02/14/2020
Required Signature/Incorporator Date