Division of Corporations

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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FASTKIT CORP Account Number : I20100000009 Phone : (305)599-0839 Fax Number : (305)592-9591

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

FLORIDA PROFIT/NON PROFIT CORPORATION NOVO UNITED INVESTMENT INC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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ARTICLES OF INCO In compliance with Chapter 607 and/o	
ARTICLE 1 NAME The name of the corporation shall be: NOVO UNITED INVESTMENT	NT INC
ARTICLE II PRINCIPAL OFFICE Principal street address 11005 SW 243 STREET	Mailing address, if different is:
PRINCETON, FL 33032	
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: MAICKEL L. TELLEZ PRESIDENT, SECRETARY & TREASURY

Address 11005 SW 243 STREET PRINCETON, FL 33032

ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:		
Name:	MAICKEL L. TELLEZ	
Address:	1100 C C/V 242 CTP EET	

PRINCETON, FL 33032

6/21 Jan - 5 15 7: 25

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

MAICKEL L. TELLEZ

Address:

11005 SW 243 STREET

PRINCETON, FL 33032

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 30 days after the filling.)

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 Signspare/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 docume to the Department of State constitutes a little degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

01/05/2021

Jh. ~b :

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