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Division of Corporations

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
NOLI GROUP CORP

Certificate of Status	0
Certified Copy	1
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FEB 22 2021

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

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

Mailing address, if different is:

300 BAYVIEW DR APT 509SUNNY 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: JUAN MANUEL MARTINEZ (P)

Name and Title: _____

Address 300 BAYVIEW DR APT 509

Address: _____

SUNNY ISLES BEACH, FL 33160Name and Title: JORGE A. TREBBIANI SPARADO (V/P)

Name and Title: _____

Address 300 BAYVIEW DR APT 509

Address: _____

SUNNY ISLES BEACH, FL 33160

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2021 FEB 22 PM 4:41

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: JUAN MANUEL MARTINEZ
Address: 300 BAYVIEW DR APT 509
SUNNY ISLES BEACH FL 33160

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JUAN MANUEL MARTINEZ
Address: 300 BAYVIEW DR APT 509
SUNNY ISLES BEACH FL 33160

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

<u>/s/ Juan Manuel Martinez</u>	_____
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.

<u>/s/ Juan Manuel Martinez</u>	_____
Required Signature/Incorporator	Date