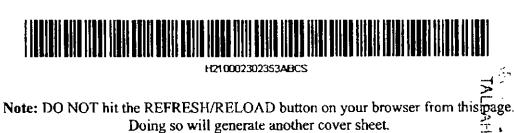
Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000230235 3)))



To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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 NILY BALLOON'S INC

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

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

ARTICLE I NAME: The name of the corporation is:	
Noly balloons Inc	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is: 8324 Sw 65 Av Apt	
Miami f1 33143	
ARTICLE III SHARES: The number of shares of stock is: 100 ARTICLE IV INITIAL DIRECTORS AND/OR OFFICER:: PoSa L GARIBE'ILO	
<u> </u>	i cupy
	i
31.4% 31.4%	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:	
The name and Florida street address (PO Box not acceptable) of the registered agent is: April Confident 8324 Sw 6.5 Av. April	-
Miami f1 33143.	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	
Jose L GARIBEILO 8324 SU 65 AV APT !	
Miami Fl 33143	

Required Signatures:

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 familian with and accept the appointment as registered agent and agree to act in this capacity

Registered Agent

00/09/2021

I submit this document and affirm that the facts stated herein are time. 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.

Incorporator

Date Date

2121 JUN 16 AM 9: 53