Division of Corporations
Electronic Filing Cover Sheet

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To:		•		
	Division of Coa	rporations	4	
	Fax Number	: (850)617-6381		
				• ;
From:				-
	Account Name	: EXPERTAX		•
	Account Number	: 120200000010		
	Phone	: (407)777-7470		
	Fax Number	: (321)206-9743		

# FLORIDA PROFIT/NON PROFIT CORPORATION NOBLE SUPPLIERS CORP

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

Lor 10/29/21

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## H210002519943

#### **COVER LETTER**

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

SUBJECT: NOB	LE SUPPLIERS CORP					
<del></del>	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)			
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	l a check for:			
<b>□ 450.00</b>	D can ac					
□ <b>\$</b> 70.00	<b>☑</b> \$78.75	□ \$78.75	□ <b>\$8</b> 7.50			
Filing Fee	Filing Fee	Filing Fee	Filing Fee,			
	& Certificate of Status	& Certified Copy	Certified Copy			
		1	& Certificate of			
			Status			
		ADDITIONAL CO	PY REQUIRED			
	•					
FROM:	BENKHALOUF, DRISS		• '			
	Name	(Printed or typed)				
2600 MICHIGAN AVENUE STE 453516						
	,	Address				
·						
KISSIMMEE , FL 34745						
	City, State & Zip					
	407-4142774					
Daytime Telephone number						
	E-mail address: (to be used for future annual report notification)					
E-mail andress: (to be used for future annual report nonfication)						

2021 JUN 28 Ph 41 C

NOTE: Please provide the original and one copy of the articles.

### H210002519943

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

ARTICLE IT PRIN		)RP	<u> </u>		
MICHELLE TAIL	CIPAL OFFICE		N # 191   1.1	**************************************	
	Principal street ackdress		Mailing address,	if different is:	
2000 MICHIGAN AVENUE	STE 453518	P.C. 80	OX 453516		
XISSIMHEE , FL 34745		MSS/MX	456 . FL 34745		
ARTICLE III PURI The purpose for which	POSE the corporation is organized is: SER	/ICES			
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·				<b></b>	1202.
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<del></del>		·			<u>_</u>
ARTICLE IV SHAI	SES .				C.
The number of shares o	fetnolise 100			•	
The number of strates of	1 Stock B.				
The number of stares o	I SLOCK B.	<del></del> ,			· ·
	AL OFFICERS AND/OR DIRECTORS				
ARTICLE V INITI	_		itle:	۵.	
ARTICLE V INITI	AL OFFICERS AND/OR DIRECTORS  Ic: PRESIDENT				
ARTICLE V INITI	AL OFFICERS AND/OR DIRECTORS  Ic: PRESIDENT				
ARTICLE V INITI	AL OFFICERS AND/OR DIRECTORS  Ic: PRESIDENT  BENKHALOUF, DRISS				
ARTICLE V INITI	AL OFFICERS AND/OR DIRECTORS  Ic: PRESIDENT  BENKHALOUF, DRISS  034 COLINA YAUREL LAS COLINAS				
ARTICLE V INITI Name and Tit Address	AL OFFICERS AND/OR DIRECTORS  Ic: PRESIDENT  BENKHALOUF, DRISS  034 COLINA YAUREL LAS COLINAS	Address:			
Name and Tite  Name and Tite  Address	AL OFFICERS AND/OR DIRECTORS  Ic: PRESIDENT  BENKHALOUF, DRISS  O34 COLINA YAUREL LAS COLINAS  TOA BAJA, PR 00949	Address: Name and Ti			
ARTICLE V INITI Name and Tit Address	AL OFFICERS AND/OR DIRECTORS  BENKHALOUF, DRISS  034 COLINA YAUREL LAS COLINAS  TOA BAJA, PR 00949	Address:			
Name and Tite  Name and Tite  Address	AL OFFICERS AND/OR DIRECTORS  Ic: PRESIDENT  BENKHALOUF, DRISS  O34 COLINA YAUREL LAS COLINAS  TOA BAJA, PR 00949	Address: Name and Ti			
Name and Tite  Name and Tite  Address	AL OFFICERS AND/OR DIRECTORS  Ic: PRESIDENT  BENKHALOUF, DRISS  O34 COLINA YAUREL LAS COLINAS  TOA BAJA, PR 00949	Address: Name and Ti			
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Name and Tite  Name and Tite  Address	AL OFFICERS AND/OR DIRECTORS  Ic: PRESIDENT  BENKHALOUF, DRISS  O34 COLINA YAUREL LAS COLINAS  TOA BAJA, PR 00949	Address: Name and Ti Address:	tle:		
Name and Tite Address  Name and Title Address	AL OFFICERS AND/OR DIRECTORS  Ic: PRESIDENT  BENKHALOUF, DRISS  O34 COLINA YAUREL LAS COLINAS  TOA BAJA, PR 00949	Address:  Name and Ti Address:  Name and Ti	tle:		
Name and Title Address  Name and Title Address	AL OFFICERS AND/OR DIRECTORS  Ic: PRESIDENT  BENKHALOUF, DRISS  O34 COLINA YAUREL LAS COLINAS  TOA BAJA, PR 00949	Address:  Name and Ti Address:  Name and Ti	tle:		

var.

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Name and Tit	le:	_ Name and Title:	
Address		Address:	
	<del> </del>	<u> </u>	
ARTICLE VI REG. The name and Florida	ISTERED AGENT a street address (P.O. Box NOT acceptable) o	f the registered agent is:	
Name: BI	ENKHALOUF, DRISS	_	
Address: 28	00 MICHIGAN AVENUE STE 453516	_	<b>₽</b> <u>€</u>
KI	SSIMMEE , FL 34745	<del>-</del>	1121 JUR 28
			<u> </u>
ARTICLE VIJ INCO	ORPORATOR		¥ 28
The name and address	s of the Incorporator is:		
Name:	BENKHALOUF, DRISS	-	
Address:	Q34 COLINA YAUREL LAS COLINAS	_	
	TOA BAJA, PR 00949	-	
(If an effective date is filing.)  Note: If the date inser		statutory filing requirements, the	·
Having been named as certificate, I am familia	registered agent to accept service of process for with and accept the appointment as register	or the above stated corporation of ed agent and agree to act in this	at the place designated in this scapacity
	Required Signature/Registered Agent		Date
I submit this documen document to the Depar	at and affirm that the facts stated herein are timent of State constitutes a third degree felon	true. I am aware that the false v as provided for in s.817.155, F	e information submitted in a E.S.
Required Cignoture/Inc	(JE)-		6 2821