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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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SECRETARY OF STATE



Department of State

Division of Corporations

Date: 07/06/2021

American Expediting (Stealth Courier)

1531 Commonwealth Business Dr.

Ste 105

Tallahassee, Fl. 32303

850-294-5632

Stealth Courier Box

Company: Nowea Global Trading Inc

Requester: Meditar Partiers Achieve Caputal

Order: 13252639-

Correction

COVER LETTER

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

SUBJECT: NOWEA GLOBAL 7 (PROPOSED CORPO	RADING IN	C
(PROPOSED CORPO	RATE NAME – <u>MUST INCL</u>	UDE SUFFEX)
Enclosed are an original and one (1) copy of the	articles of incorporation and	a check for:
\$70.00	☐ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED		
	ume (Printed or typed)	
7050 WEST PAL	netto Park RI)775-300
BOCA RATON,	Address FC 33433 ty, State & Zip	
561451 6330	5	
Daytim	e Telephone number	· · · · · · · · · · · · · · · · · · ·
OPERATIONS OF		
E-mail address: (to be u	sed for future annual report n	otification)

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

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

The name of the corpora	tion shall be: NOWEA	GLOBAL T	PADING I	MC	
ARTICLE II PRING 19712 DINNE BOCA RATON	CIPAL OFFICE Principal street address PEY DRIVE FI, 33498		Mailing address, if di 50 WEST PALM XA RATON, E	ifferent is: 16110 PAPK 20 # 7_33433	15-3
ARTICLE III PURP	OSE the corporation is organized is:				
				287 SE	
				21 JUL -6 P	Section 1
	of stock is:1000			UL -6 PM 4: 31 HTAFY OF STATE JAHASSEE, FL	
Name and Title	<u>IL OFFICERS AND/OR DIRE</u> :: MARIA CAMPANI	A S Name and	Гіtle:		
Address	MARIA CAMPANI 19712 DINNER BOCA PATON, F	KEY DR Address:			
Name and Title		Name and	Fitle:		
Address		Address:			
Name and Title		Name and 1	Fitle:		
Address		Address:	.5.511,.431.44		

Name and Title:	Name and Title:
Address	Address:
·	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box N	NOT acceptable) of the registered agent is:
Name: PATRICIO FR	
Address: 19712 DINA	DER KEY DR
BOCA RATON, F	
ARTICLE VII INCORPORATOR	·
The name and address of the Incorporator is:	
Name: PATRICIO FR	
Address: 19712 DINA	JER KEY DR.
Address: 19712 DINA BOCA RATON,	FL 33498
ARTICLE VIII EFFECTIVE DATE:	(07770) (47)
Effective date, if other than the date of filing: (If an effective date is listed, the date must be s. filing.)	pecific and cannot be more than five days prior or 90 days after the
Note: If the date inserted in this block does not me the document's effective date on the Department of	neet the applicable statutory filing requirements, this date will not be listed as of State's records.
certificate, I am familiar with and accept the appo	rervice of process for the above stated corporation at the place designated in this Introduct as registered agent and agree to act in this capacity
4	6/28/21
Required Signature/Reg	pistered Agent Date
	stated herein are true. I am aware that the false information submitted in a third,degree felony as provided for in s.817.155, F.S.
Seal	D 6/28/21
Required Signature/Incorporator	Date

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