

P21000010861

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

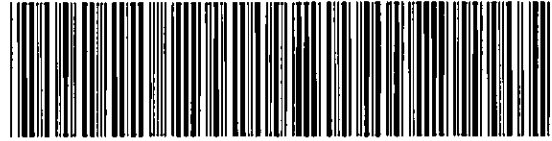
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200371027512

FILED

2021 AUG -5 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2021 AUG -5 AM 11:26

OFFICE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 8/5/2021

****WALK IN****

ENTITY NAME NOA MEDIA GROUP, INC.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

Plain Copy

Certified Copy

XXXXXXXXXX

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: _____

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 78.75

ACCOUNT # 120160000072

Eric D.W.

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

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

SUBJECT: NOA Media Group, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Nancy Orellana Albright
Name (Printed or typed)

242 South Washington Blvd. #262
Address

Sarasota, FL 34236
City, State & Zip

206-551-4390
Daytime Telephone number

mamialbright@gmail.com
E-mail address: (to be used for future annual report notification)

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)

ARTICLE I NAME

The name of the corporation shall be: NOA Media Group, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

242 South Washington Blvd. #262
Sarasota, FL 34236

Mailing address, if different is:

242 South Washington Blvd. #262
Sarasota, FL 34236

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Online Retail

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nancy Orellana Albright Name and Title:

Address: 242 South Washington Blvd. #262 Address:
Sarasota, FL 34236

Name and Title: Name and Title:

Address: Address:

Name and Title: Name and Title:

Address: Address:

2021 AUG -5 AM 9:17
SECTION 607, STATE
TALLAHASSEE, FL

1130

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: URS AGENTS, LLC

Address: 3458 Lakeshore Drive
Tallahassee, FL 32312

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Nancy Orellana Albright

Address: 242 South Washington Blvd. #262
Sarasota, FL 34236


2021 AUG -5 AM 9:17
 DEPARTMENT OF STATE
 TALLAHASSEE, FL
 FILED

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



Kathy Clark, Asst. Secretary

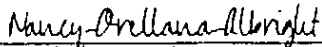
8/5/2021

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.

DocuSigned by:



Nancy Orellana Albright

Date _____

Required Signature/Incorporator