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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I2016000017
Phone : (855)498-5500
Fax Number : (800)432-3622

****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
NOVOMEDICAL, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
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T. SCOTT

MAR - 8 2022

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COVER LETTER

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

SUBJECT: NOVOMEDICAL, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: ALEXANDER NOVODVORETS

Name (Printed or typed)

714 TYLER STR.

Address

HOLLYWOOD, FL, 33019

City, State & Zip

647-838-1840

Daytime Telephone number

info@taxonweb.ca

E-mail address: (to be used for future annual report notification)

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

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: NOVOMEDICAL, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

714 TYLER STR., HOLLYWOOD, FL 33019714 TYLER STR., HOLLYWOOD, FL 33019**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS**ARTICLE IV SHARES**

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: ALEXANDER NOVODVORETS
PRESIDENTName and Title: MARIANA NOVODVORETS
VICE PRESIDENTAddress: 714 TYLER STR.
HOLLYWOOD, FL, 33019Address: 714 TYLER STR.
HOLLYWOOD, FL, 33019

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: ALEXANDER NOVODVORETS

Address: 714 TYLER STR.

HOLLYWOOD, FL, 33019

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: ALEXANDER NOVODVORETS

Address: 714 TYLER STR.

HOLLYWOOD, FL, 33019

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

Designated by:
ALEXANDER NOVODVORETS
Required Signature/Registered Agent

3/4/2022 | 6:20:45 AM PST
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.

Designated by:
ALEXANDER NOVODVORETS
Required Signature/Incorporator

3/4/2022 | 6:20:45 AM PST
Date

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