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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

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TALLAHASSEE, FLORIDA

****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
NOSELINKS GROUP, CORP**

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

2022 MAR -8 PM 4:01

HL

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

NOISELINKS GROUP, CORP

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

11103 NW 83rd ST, SUITE 103

DORAL, FL 33178

ARTICLE III SHARES: The number of shares of stock is: **1.000.**

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

MAYRA DEL VALLE

11103 NW 83rd ST, SUITE 103

DORAL, FL 33178, US

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida Street address (PO Box not acceptable) of the registered agent is:

MAYRA DEL VALLE

11103 NW 83rd ST, SUITE 103

DORAL, FL 33178, US

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

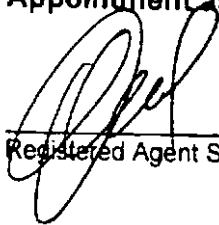
MAYRA DEL VALLE

11103 NW 83rd ST, SUITE 103

DORAL, FL 33178, US

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 familiar with and accept the Appointment as registered agent and agree to act in this capacity



Registered Agent Sign

03/01/2022
Date

SECRETARY OF STATE
TALLAHASSEE, FL 32304

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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.



Incorporator Sign

03/01/2022
Date