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Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION NOLI GROUP CORP

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AFFIDAVIT

BEFORE ME, the undersigned authority, on this day personally appeared JUAN MANUEL MARTINEZ who after being firstly duly sworn, under oath, deposes and says:

- 1. The undersigned is also the sole Director and the President of NOLI GROUP CORP, a Florida corporation to be filed with the Florida Department of State on or about 02/22/2021.
- 2. The undersigned hereby consents to and authorizes the use by NOLI GROUP CORP of the name NOLI GROUP CORP
- 3. The undersigned has personal knowledge of the fact and matter set forth herein and therefore has no intentions of reinstating the dissolved entity.

FURTHER AFFIANT SAYETH NAUGHT.

STATE OF FLORIDA

JUAN MANUEL MARTINE

COUNTY OF MIAMI-DADE)

PERSONALLY appeared before me, JUAN MANUEL MARTINEZ, who is personally known to me, who being by my first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

Witness my hand and official seal this 20th day of October 2022.

) SS:

Notary Public Signature

DAIANA AMADOR
State of Florida - Notary Public
Commission # HH 37154
My Commission Expires Aug. 27, 2024

ARTICLES OF INCORPORATION

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

RTICLE I NAME			
The name of the corporation shall be: NOLI GROUP CORP			
RTICLE II PRINCIPAL OFFICE			
Principal street address	Mailing address, if different is:		
300 BAYVIEW DR APT 509	300 BAYVIEW DR APT 509		
SUNNY ISLES BEACH, FL 33160	SUNNY ISLES BEACH, FL 33160		
ARTICLE III PURPOSE			
The purpose for which the corporation is organized is: <u>ANY AN</u>	ND ALL LAWFUL BUSINESS		
,			
	20		
	<u> </u>		
NRTICLE IV SHARES	<u>(</u> ;)		
The number of shares of stock is: 100	် ()		
	·		
RTICLE V INITIAL OFFICERS AND/OR DIRECTORS			
None and Title Blanch MANUEL MARTINES. (DROUDENING			
Name and Title: <u>JUAN MANUEL MARTINEZ (PRESIDENT)</u>	Name and Title:		
Address 300 BAYVIEW DR APT 509	Address:		
SUNNY ISLES BEACH, FL 33160			
			
Name and Tisley			
Name and Title:	Name and Title:		
Address	Address:		
	Address:		

ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) of the regis	stered agent is:
Name: JUAN MANUEL MARTINEZ	
Address: 300 BAYVIEW DR APT 509	
SUNNY ISLES BEACH, FL 33160	
ARTICLE VII INCORPORATOR	
The name and address of the incorporator is:	
Name: JUAN MANUEL MARTINEZ	
Address: 300 BAYVIEW DR APT 509	
SUNNY ISLES BEACH, FL 33160	
	÷
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 f	iling requirements, this date will not be listed as the
document's effective date on the Department of State's records.	<u>-</u> .
	<u>- </u>
	0 80
Having been named as registered agent to accept service of process for the all certificate, I am familiar with and accept the appointment as registered agent	bove stated corporation at the place designated in this tand agree to act in this capacity
Jaun Manuel Martiner Required Signature/Registered Agent	10/20/2022
Required Signature/Registered Agent	Date
I submit this document and affirm that the facts stated herein are true. I am o	aware that the false information submitted in a docume

to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator 10/20/2022