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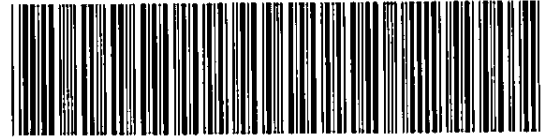
(Business Entity Name)

(Document Number)

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DATE: 05/22/2024

NAME: NOK THERAPEUTICS, INC.

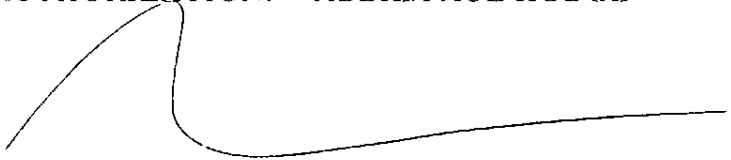
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A handwritten signature in black ink, appearing to be 'ABH', is written over the authorization text.

COVER LETTER

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

SUBJECT: NÖK Therapeutics, 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: James S. Byrd, PA

Name (Printed or typed)

1452 N. US Hwy. 1, Suite 123

Address

Ormond Beach, FL 32174

City, State & Zip

407-705-2054

Daytime Telephone number

jim@byrdlawgroup.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: NÖK Therapeutics, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1452 N. US Hwy. 1, Suite 123

Ormond Beach, FL 32174

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 100,000,000 Class A Common; 10,000,000 Series A Preferred

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David Mehalick, President

Name and Title: David Mehalick, Secretary

Address 2868 Tiburon Blvd. E

Address: 2868 Tiburon Blvd. E

Apt. 103

Apt. 103

Naples, FL 34109

Naples, FL 34109

Name and Title: David Mehalick, Treasurer

Name and Title: David Mehalick, Director

Address 2868 Tiburon Blvd. E

Address: 2868 Tiburon Blvd. E

Apt. 103

Apt. 103

Naples, FL 34109

Naples, FL 34109

Name and Title:

Name and Title:

Address

Address:

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: James S. Byrd, PA
Address: 1452 N. US Hwy. 1, Suite 123
Ormond Beach, FL 32174

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: James S. Byrd, PA
Address: 1452 N. US Hwy. 1, Suite 123
Ormond Beach, FL 32174

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

James S. Byrd May 21, 2024
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.

James S. Byrd May 21, 2024
Required Signature/Incorporator Date

2024
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