## P24000035641

	(Requestor's Name)	
	(Address)	
	(/ (33, 333)	
	(Address)	
<del></del>	(City/State/Zip/Phone #)	
	(0), (0), (0), (0), (0), (0), (0), (0),	
PICK-UP	WAIT	MAIL
<del></del>	(Business Entity Name)	
	(120mes 2mm) (12me)	
· <del></del>	(Document Number)	_
Certified Copies	Certificates of S	status
-	_	
	<u></u>	
Special Instructions to	Filing Officer:	
<del></del>		

Office Use Only



200429991002

2024 MAY 29 AH 11:

RECEIVED

787

<u>~</u>

## **COVER LETTER**

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

SUBJECT:	oug 1 Scivi	ces Inc			
SUBJECT: NOUG SCIULCES INC.  (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	l 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		
		ADDITIONAL CO	Status  PPY REQUIRED		
FROM: Dhaneshwal Demalw Name (Printed or typed)					
12940 Cirosehust Ave					
Minter Garden H. 34787 City, State & Zip					
32   689 837   Daytime Telephone number					
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)

	E ation shall be: $NOVq$ 1	Services Inc	
TICLEIL PRIN 12940 ( LAS LA FEI	CIPAL OFFICE Principal street address 1000 hul St Au Golden H	Mailing address, if $34787$	
RTICLE III PURF e purpose for which	POSE ANY an the corporation is organized is:	All legal Busines	S
	f stock is: [00]	Demaine	
Name and Tit  Address	12940 Groveh	Name and Title:  WS+ Address:	
	1NINTEL GOID 34787 President	<u></u>	
	-		
Name and Titl	e:	Name and Title:	
Name and Titl Address		Address:	
		Address:	
Address		Address:	
Address		Address:  Name and Title:	

Name and Ti	tle:	Name and Title:	<del>-</del>
 Address		Address:	
	<del></del>	<del></del>	
ARTICLE VI REC			
The name and Florid		'acceptable) of the registered agent is	S:
Name:	Dhaneshwai	Demaine	
Address:	129 40 G102	churst Acc	
1	Minter Garde	in Cl. 34787	
ARTICLE VII INC	CORPORATOR		
The name and addre	ess of the Incorporator is:		
Name:	Dhaneshwar	Demaine	
Address:	12940 Glove	hurst Ave	
	Minter Gar	den [] 34787	7 '
ARTICLE VIII EF Effective date, if othe (If an effective date filing.)	er than the date of filing: 5	[OPTIC] (OPTIC)	ONAL) days prior or 90 days after the
	erted in this block does not meet tive date on the Department of St		rements, this date will not be listed as
		ce of process for the above stated cor tent as registered agent and agree to	rporation at the place designated in this act in this capacity
A	Dum		5/29/44
	Required Signature/Register	red Agent	Date
	ent and affirm that the facts stat		at the false information submitted in a 817.155. F.S.
A-T	>	a yy proy-v	5/20/201
Required Signature/I	ncorporator		Date 3 29 29