

From: Raul Chavez
7/1/24, 2:17 PM

Fax: (850) 617-6381
Division of Corporations
Florida Department of State
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07/02/2024 12:16 PM
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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:
Account Name : CUSI CONSULTING, INC.
Account Number : I20230000150
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Fax Number : (305)714-3014

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
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CORPORATIONS
STATE

FLORIDA PROFIT/NON PROFIT CORPORATION
NovaCore Solutions, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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MS

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: NovaCore Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

666 NE 80th Street Apt 8

Miami, FL 33138

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Consulting

ARTICLE IV SHARES

The number of shares of stock is: 1,000

2137

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Luis Clapes, President Name and Title: _____

Address 666 NE 80th Street Apt 8 Address: _____

Miami, FL 33138 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Luis Clapes
 Address: 666 NE 80th Street Apt 8
Miami, FL 33138

ARTICLE VII INCORPORATOR

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

Name: Luis Clapes
 Address: 666 NE 80th Street Apt 8
Miami, FL 33138


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

 06/28/2024
 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.

 06/28/2024
 Required Signature/Incorporator Date