

8/2/24, 3:46 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

P24000050182

Note: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) at the top and bottom of all pages of the document.

((H24000261142 3)))



H240002611423ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : MJD ACCOUNTING SERVICES CORP
Account Number : 120220000156
Phone : (954)471-5645
Fax Number : (305)356-3688

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
NOC DESIGN GROUP INC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED

2024 AUG -2 PM 4:03

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2024 AUG -2 PM 4:07

1124000261142 3

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: NOC DESIGN GROUP INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5595 MORINO WAY

AVE MARIA FL 31142

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: NORA E ORTEGA

Name and Title: PRESIDENT

Address: 5595 MORINO WAY
AVE MARIA FL 34142

Address:

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

2024 AUG - 2 PM 1:08
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

1124000261142 3

H24000261142 3

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: NORA E ORTEGA
Address: 5595 MORINO WAY
AVE MARIA FL 34142

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: NORA E ORTEGA
Address: 5595 MORINO WAY
AVE MARIA FL 34142

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

x 
Required Signature/Registered Agent

08-02-2024
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.

x 
Required Signature/Incorporator

08-02-2024
Date

H24000261142 3