

P24000073851

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2024 FEB -9 AM 9:47

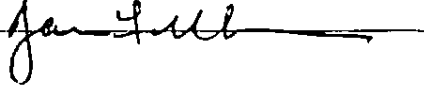
FILED

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account I20210000160: \$78.75

Authorization Signature

Nova Frontier Corp.



☐ Walk in

☐ Will wait

☒ Certified Copies of the Articles of Incorporation

☐ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ LLC
☐ Domestication
☐ INC
☒ CORP
☐ OTHER

AMENDMENTS

☐ Amendment
☐ Resignation of R.A.
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Conversion
☐ Statement of Authority
☐ Merger
☐ Amended and Restated Articles

2024 DEC -9 PM 9:47

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OTHER FILINGS

☐ Annual Report
☐ Fictitious Name
☐ Statement of Authority
☐ APOSTIL _____
COUNTRY _____

REGISTRATION/QUALIFICATIONS

☐ Foreign Filing
☐ Partnership
☐ Reinstatement
☐ CORRECTION for a LLC
☐ Domestication of a Foreign Corp.
_____ Other _____

EXAMINER'S INITIALS: _____

COVER LETTER

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

SUBJECT: Nova Frontier Corp

(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

2011-03-09 11:09:17
FILED

FROM: Jason Kung

Name (Printed or typed)

4 Centerpointe Dr #310

Address

La Palma, CA 90623

City, State & Zip

714-252-5822

Daytime Telephone number

myaccountingteam@kdainc.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: Nova Frontier Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address
7901 4th St N STE: 300
St. Petersburg, FL 33702

Mailing address, if different is:

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

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2024 DEC 9 PM 9:47
CLERK OF CIRCUIT COURT
HILLSBORO COUNTY, FL

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nandor Petlyanszki President

Address 7901 4th St N STE: 300
St. Petersburg, FL 33702

Name and Title: Nandor Petlyanszki Secretary

Address: 7901 4th St N STE: 300
St. Petersburg, FL 33702

Name and Title: Nandor Petlyanszki Treasurer

Address 7901 4th St N STE: 300
St. Petersburg, FL 33702

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

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: Northwest Registered Agent LLC
Address: 7901 4th St N STE 300
St. Petersburg FL 33702

ARTICLE VII INCORPORATOR

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

Name: Nandor Petlyanszki
Address: 7901 4th St N STE: 300
St. Petersburg, FL 33702

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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



Required Signature/Registered Agent

12/06/2024

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.



Required Signature/Incorporator

12/06/2024

Date