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06/12/95 FLORIDA DIVISION OF CORPORATIONS 15:11 PM
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TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
FAX: (904) 922-4000

FROM: ACK INDUSTRIES, INC.
64 NW 11TH ST
MIAMI FL 33136-2890
CONTACT: LYNN FRIEDMAN
PHONE: (305) 358-2671
FAX: (305) 358-7832

(((H95000006560)))

NAME: NODA CORPORATION
FAX AUDIT NUMBER: H95000006560
DATE REQUESTED: 06/12/1995
CERTIFIED COPIES: 1
NUMBER OF PAGES: 2
ESTIMATED CHARGE: $122.50

DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.
CURRENT STATUS: REQUESTED
TIME REQUESTED: 15:10:45
CERTIFICATE OF STATUS: 0
METHOD OF DELIVERY: FAX
ACCOUNT NUMBER: 070744001630

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95 JUN 12 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H95-06560

ARTICLES OF INCORPORATION

of NODA CORPORATION

a CORPORATION FOR PROFIT formed under the Florida General Corporation Act.

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95 JUN 12 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article 1: Name of the Corporation: NODA CORPORATION

Address of the Corporation: 14719 SW 61st TERRACE
MIAMI, FL 33193

Article 2: DURATION: Term of existence of the corporation is perpetual.

Article 3: PURPOSE: The Corporation may transact any and all lawful business for which corporations may be incorporated under the Laws of the UNITED STATES and the STATE OF FLORIDA.

Article 4: CAPITAL STOCK: The number of shares which the corporation has authorized to be outstanding at any one time is 100.

PAR VALUE $1.00 (Information about PAR VALUE is not required but may be included).

Article 5: REGISTERED OFFICE: The street address of the initial registered office of the corporation shall be:
14719 SW 61st TERRACE, MIAMI, FL 33193
and the name of the initial registered agent at such address is ALEIDA CATALA.

I am familiar with and hereby accept the duties and responsibilities as registered agent for said corporation

Signature of Registered Agent
ALEIDA CATALA

6/12/95
Date

Article 6: The board of directors are as follows:

The name and address of the Initial Director : (All persons listed after the first are additional directors)

1. ALEIDA CATALA
14719 SW 61st TERRACE
MIAMI, FL 33193

Article 7: The Name and address of the incorporator is:
ALEIDA CATALA
14719 SW 61st TERRACE, MIAMI, FL 33193

In witness whereof I have subscribed my name

Signature of Incorporator
ALEIDA CATALA

H95-06560
ace INDUSTRIES, INC.
54 NW 11th Street
Miami, FL 33136
305-358-2571

▲ Tear Here ▲ ▲ Tear Here ▲ ▲ Tear Here ▲

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

REINSTATEMENT

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation DOCUMENT # P95000045407

Noda Corporation
14719 SW 61 Terrace
Miami, FL. 33193

2. If Address in Block 1 is incorrect in any way, enter the correct address below. FILED
TALLAHASSEE, FLORIDA
Address
18831 NW 78 Place
City and State Zip Code
Miami, FL. 33015

3. If Principle Office Address is different from mailing address, enter address below:
Address 300002014383--7
-11/26/96--01101--017
City and State ****375.00 ****375.00 Zip Code

4. Date Incorporated or Qualified To Do Business In Florida	5. FEI Number	FEI Number Applied For / FEI Number Not Applicable	6. $8.75 Additional Fee required for a Certificate of Status
06/12/95	65-0628969		CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors,

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	Aleida Jimenez	18831 NW 78 Place	Miami, FL. 33015

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

9. If changed, new registered agent / office
Name
Aleida Jimenez
Street Address (Do NOT Use P.O. Box Number)
18831 NW 78 Place
Street Address (Do NOT Use P.O. Box Number)
City Miami State FL. Zip 33015

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent _____ REGISTERED AGENT MUST SIGN Date 11/19/96

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

13. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Officer or Director _____ Date 11/19/96 Daytime Phone # (305) 889-3882

CR2E046 (2/96)