

P23000022664  
Florida Department of State  
Division of Corporations  
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FLORIDA PROFIT/NON PROFIT CORPORATION  
NOTIVISION SA DE CV CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2023 03 23 21:23:23

2023 MAR 24 AM 2:11  
M.A.

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: NOTIVISION SA DE CV CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

208 SW 2ND TERRACE 2 DANIA BEACH, FL 33004

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: FERNANDO BELTRAN (P) Name and Title:

Address 208 SW 2ND TERRACE 2 Address:

DANIA BEACH, FL 33004

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

2023 MAR 24 AM 2  
TALLAHASSEE, FL

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: FERNANDO BELTRAN  
Address: 208 SW 2ND TERRACE 2  
DANIA BEACH, FL 33004

**ARTICLE VII INCORPORATOR**

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

Name: FERNANDO BELTRAN  
Address: 208 SW 2ND TERRACE 2  
DANIA BEACH, FL 33004

**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*

JFA  
Required Signature/Registered Agent

*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.817.153, F.S.*

JFA  
Required Signature/Incorporator

Date 2023 MAR 24 AM 2:11  
STATE OF FLORIDA  
DEPARTMENT OF STATE