

P2100054875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

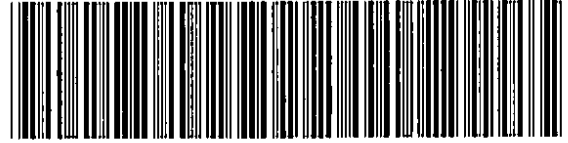
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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ALLAHASSEE, FL
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STATE OF FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Belmondo Corp

- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
- ___ Cert. Copy _____
- ___ Photo Copy _____
- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____

Signature _____

Requested by: SETH

06/09/21

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

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COVER LETTER

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

FILED
2021 JUN 10 AM 8:17
TALLAHASSEE, FLORIDA

SUBJECT: Belmondo 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 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: Mimi Bared
Name (Printed or typed)

201 Alhambra Circle, Suite 501
Address

Coral Gables, FL 33134
City, State & Zip

305-666-6010
Daytime Telephone number

mimi@baredlaw.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 Belmondo Corp.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
201 Alhambra Circle
Suite 501
Coral Gables, FL 33134

Mailing address, if different is:
201 Alhambra Circle
Suite 501
Coral Gables, FL 33134

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 Shares at \$1.00 Par Value.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Moises Smolensky, President Name and Title: _____
Address: 201 Alhambra Circle, Suite 501 Address: _____
Coral Gables, FL 33134 _____

Name and Title: Amira Rebeca Litmanowicz Frank, Secretary Name and Title: _____
Address: 201 Alhambra Circle, Suite 501 Address: _____
Coral Gables, FL 33134 _____

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: Pablo R. Bared, Esq.
Address: 201 Alhambra Circle, Suite 501
Coral Gables, FL 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
Name: Pablo R. Bared, Esq.
Address: 201 Alhambra Circle, Suite 501
Coral Gables, FL 33134

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 June 9, 2021
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 June 9, 2021
Date

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