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FLORIDA PROFIT/NON PROFIT CORPORATION  
 BELL SAFE BUSINESS, CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
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T. SCOTT  
 MAR - 3 2022

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**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME** BELL SAFE BUSINESS, CORP

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

1080 BRICKELL AVE <sup>Principal</sup> Ste. 407  
MIAMI, FL 33131

Mailing address, if different is:  
1080 BRICKELL AVE STE 407  
MIAMI, FL 33131

**ARTICLE III PURPOSE**

ANY AND ALL LAWFUL BUSINESS

The purpose for which the corporation is organized is: \_\_\_\_\_

**ARTICLE IV SHARES** SHARES: 100

The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

RODRIGO BARROSO TRAMONTANA - President

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address 1080 BRICKELL AVE., STE 407 Address: \_\_\_\_\_

MIAMI, FL 33131 \_\_\_\_\_

FABIANA MARIANO SCOPEL TRAMONTANA - Vice-President

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address 1080 BRICKELL AVE., STE 407 Address: \_\_\_\_\_

MIAMI, FL 33131 \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

22 MAR 2022 11:43

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: A.T. PLUS OF MIAMI INC

Address: 8180 NW 36 STREET STE 321  
MIAMI, FL 33131

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: RODRIGO BARROSO TRAMONTANA

Address: 1080 BRICKELL AVE., STE 407  
MIAMI, FL 33131

**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*

*Neiza Miranda Cesar* 03/01/2022  
 Required Signature/Registered Agent 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.*

*Rodrigo Barroso Tramontana* 03/01/2022  
 Required Signature/Incorporator Date