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(Requestor's Name)	
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PICK-UP WAIT MA	AIL
(Business Entity Name)	
(Document Number)	
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Certified Copies Certificates of Status _	
Special Instructions to Filing Officer:	
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SECRETARY OF STATE

SECRETARY OF STA



COVER LETTER

10:	Division of Corpo						
SUBJ	IECT:	BELLE O	CREOLE, INC	<u>.</u>			
		Name of	corporation -	must include suffix			
Dear S	Sir or Madam:						
"Certi		or "Certificate of	Good Stand	ing" and check are subi	et Business in Florida." mitted to register the		
Please	return all correspon	aence concerning	this matter t	o the following:			
			J RONALD N	AZAIRE	2		
			Name of P	erson	ZI FEB		
		-	Firm/Comp	any	U I		
		595 ST	EWART AVI	E. P.O. BOX 359	S PH S		
			Addres	s	PH 2: 1		
		GARD	EN CITY, NY	11530	12 शह		
		(City/State and	d Zip code			
	_	-	nazaire@naza				
		E-mail address: (to be used fo	r future annual report n	otification)		
For fu	rther information eo	neerning this matt	er, please ca	11:			
J RON	ALD NAZIARE	at	(515-0016			
	Name of Person		Area Code	Daytime Teleph	none Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Please	sed is a check for the make check payable to 0.00 Filing Fee — [ARTMENT C	OF STATE \$78.75 Filing Fee & Certified Copy	 \$87.50 Filing Fee, Certificate of Status & Certified Copy 		

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

'N COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

LLE CREOLE, INC.					
orporation; must include "INCORPORATI orp," "Inc." "Co," or "Corp.")	ED," "(COMPANY," "CORPORATION	•		
ible in Election enter alternate cornerate ag	ma ada	nted for the aurage of transpatin	y huginaga is	ı Elori	<u> </u>
	me ado	pied for the purpose of transacting	g ousiness ii	1 PIOTI	ua)
ATE	3.				
(State or country under the law of which it is incorporated)		(FEI number, if applicable)			
115					
of incorporation)	J	(Date of duration, if other t	han perpetu	al)	
(SEE SECTIONS 607.1501 & 60 4 TAPPAN L (Principal	7.1502, N, LON office <u>s</u>	F.S., to determine penalty liability GWOOD, FL 32750 treet address)	25 - 15 0	-5 P	
·	J		EE, FL	1 2: 12	Ę
J RONALD NAZAIRE		_			
4601 SHERIDAN STREET, SUITE 320)	_			
HOLLYWOD		, Florida 33021			
(City)		(Zip code)			
	orporation; must include "INCORPORATE orp." "Inc." "Co." or "Corp.") able in Florida, enter alternate corporate na TATE y under the law of which it is incorporated; O15 of incorporation) (Date first transacted busines (SEE SECTIONS 607.1501 & 60 4 TAPPAN L (Principal (Current material address of Florida registered agent: (J RONALD NAZAIRE 4601 SHERIDAN STREET, SUITE 320 HOLLYWOD	orporation; must include "INCORPORATED," "Corp." "Inc." "Co," or "Corp.") able in Florida, enter alternate corporate name adoption and the law of which it is incorporated) [ATE 3	orporation; must include "INCORPORATED," "COMPANY," "CORPORATION orp." "Inc." "Co," or "Corp.") able in Florida, enter alternate corporate name adopted for the purpose of transacting fate [ATE 3.	orporation; must include "INCORPORATED," "COMPANY," "CORPORATION," orp.," "Inc.," "Co.," or "Corp.") suble in Florida, enter alternate corporate name adopted for the purpose of transacting business in FATE 3.	orporation; must include "INCORPORATED," "COMPANY," "CORPORATION," orp.," "Inc." "Co," or "Corp.") table in Florida, enter alternate corporate name adopted for the purpose of transacting business in Floridate ATE 3. y under the law of which it is incorporated) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 4 TAPPAN LN, LONGWOOD, FL 32750 (Principal office street address) (Current mailing address, if different) The contraction of the purpose of transacting business in Florida in Flor

9. Registered agent's acceptance:

DELLE OBEOLE DIO

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

i. DIRECTORS				
∃Chairman	Name: GREGORY ST-CLAIR	Chairman	Name:	
∃Vice Chairman	Address: 4 TAPPAN LN	_ □Vice Chairman	Address:	
∃Director	LONGWOOD, FL 32750	Director		
President		_ President		
□Vice President		_ □ Vice President		- - .
□Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other	Other	Other		□Other
□Chairman	NATACHA DURET	□ Chairman	Name:	
□Vice Chairman	4 TAPPAN LN Address:			
□Director	LONGWOOD, FL 32750	Director		SECRET THE
□President		President		15 B
■Vice President		_ □Vice President		STORY OF THE STORY
□ Secretary	□Treasurer	□Secretary		Tiffeasule?
Other	Other	Other		Office 2
□Chairman	Name:	_ Chairman	Name:	
□Vice Chairman	Address:	_ □Vice Chairman	Address:	
□Director		_ Director		
□President		_ President		
□Vice President		_ □Vice President		
□Secretary	□Treasurer	□Secretary		□Treasurer
□Other	Other	□Other		□Other
2. 2. The officer or direction	Use an attachment to report more than six (6). Excided to the index when filing your Florida D Signature of D ctor signing this document (and who is listed in also information submitted in a document to the	Department of State Annual Residence or Officer	eport form.	ated herein are true and that he or
13. Pe	GOT SICIAN (Typed or printed name and capacity	of person signing application	<u></u>)	

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of BELLE CREOLE, INC. was filed on 08/12/2015, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

The Biennial Statement is past due.



2021 FEB -5 PM 2: II

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 08th day of January two thousand and twenty-one.

Braden C. Hyles

Brendan C Hughes
Executive Deputy Secretary of State