P21000001340

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





400361730664

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3/12/21

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE 3/10/21			**WALK IN**
ENTITY NAME_BE	LLEI USA CORP.		
DOCUMENT NUMBE	R		
	PLEASE FILE THE ATTACH	IED AND RETURN	
	Plain Copy		
<u> </u>	Certified Copy		
	Certificate of Status		, , ,
			. ,
			. -
	PLEASE OBTAIN THE FOLLOWING	FOR THE ABOVE ENTITY	
 -	Certified Copy of Arts & Amendment		. :
		's Complete File (Including Annual Reports,	/ =:
	Certificate of Status		
	Certificate of Status Reflecting:		
	APOSTILLE' / NOTARIAL	CERTIFICATION	
COUNTRY OF DESTINA	1710N		
NUMBER OF CERTIFICA	ATES REQUESTEO		
TOTAL OWED \$ \frac{1}{3}	Uı	COUNT # 120140000108 / Lith	Respond
Please call Tina at	the above number for any issues		k) (/

COVER LETTER

то:	Registration Section Division of Corporations				
	BELLEI USA CORP.				
SUBJ	ECT:	, ,			
	Name	of corporation	ı - must include suff	IX	
Dear S	ir or Madam:				
"Certi	closed "Application by Foreign C licate of Existence," or "Certificat referenced foreign corporation to	e of Good Sta	nding" and check are		
	return all correspondence concerr s Burton	ning this matte	r to the following:		
		Name of	Dominio		
United	Corporate Services, Inc.	inaine of	retson		
		Firm/Con	nany		
100 St	ate Street, Suite \$00	1 11111/2011	ipang		
	,	Addr	ess	<u></u>	··
Albany	NY 12207				
		City/State a	nd Zip code		
gaia@c	exportusa.us				::
	E-mail addres	s: (to be used	for future annual rep	ort notification)	•
For fur	ther information concerning this n	natter, please o	eall:		·
		at ()		
	Name of Person	Area Cod		elephone Number	
	STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		Registration of P.O. Box (f Corporations	
	ed is a check for the following amount of the control of the control of the following amount of the control of the following amount of the following a	g Fee & ■	\$78.75 Filing Fee Certified Copy	& (7) \$87.50 Filin Certificate (Certified C	of Status &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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

BELLEFUSA (CORP.		
(Enter name of c	corporation; must include "INCORPORATED," Corp." "Inc." "Co." or "Corp.")	"COMPANY," "CORPORATION,"	
New York	able in Florida, enter alternate corporate name ac	·	
(State or count) 11/15/2019	3	(FEI number, if applicable	υ)
1/1/2021	5	(Date of duration, if other than pe	rpetual)
8 Bridge Street	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150 Unit 2A Brooklyn NY 11201	Florida, if prior to registration) 2, F.S., to determine penalty liability)	
	(Principa	office address)	
	(Current mailing	address, if different)	1 -2,
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		***
Name and <u>stree</u> Name:	et address of Florida registered agent: (P.O. United Corporate Services, Inc.	Box NOT acceptable)	
ice Address:	9200 South Dadeland Blvd., Ste. 508	_	
	Miami	33156 Florida	
	(City)	(Zip code)	
wing been nam signated in this ther agree to co	ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme comply with the provisions of all statutes rel amiliar with and accept the obligations of i	nt as registered agent and agree to a ative to the proper and complete perf	ct in this canaci
_	Michael A. Barr		

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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: ___ Vice Chairman: ___ MARIA BELLEF Director: Via Zoccolo 8, 41030 Bomporto (MO, Italy Address: ____ Director: Address: __ B. OFFICERS MARIA BELLEI President: _ Via Zoccolo 8, 41030 Bomporto (MO, Italy Address: ____ Vice President: Address: ___ Secretary: __ Address: _ Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 12. /s/ MARIA BELLEI Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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. 13. MARIA BELLEI

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of BELLEI USA CORP, was filed on 11/15/2019, 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 at 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.



Witness my hand and the official seal of the Department of State at the City of Albany, this 09th day of March two thousand and twenty-one.

Brendan C. Hughes

Executive Deputy Secretary of State

Bradan C Hylan

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