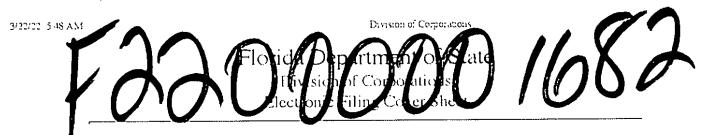
To: 18596176383 From: 12147128131 Date: 03/22/22 Time: 5:49 AM Page: 01/04



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220001054563)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178

Phone : (844)386-0178
Fax Number : (214)317-4754

**Enter the email address for this business entity to be used for future R annual report mailings. Enter only one email address please.

**Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION

PORT OF THE CORPORATION

POR

FOREIGN PROFIT/NONPROFIT CORPORATION

Bellvue Rush, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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Help

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(((H22000105456 3)))

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607 1303, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

(Enter name of c	otporation; must include "INCORPORA FED;" "Corp." "Inc." "Co." or "Corp.")	OMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate name ado	nted for the purpose of transacting business in Flori	dai
(State or count)	y under the law of which it is incorporated)	(FEI number, if applicable)	
04/10/1987	5	(Date of duration, if other than perpetual)	
	of incorporation)	(Date of duration, if other than perpetual)	
ố. <u> </u>			
	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502)	orida, if prior to registration) F.S., to determine penalty hability)	2022
7 11920 Southern l	Highlands Parkway, 200, Las Vegas, NV, 89141	<u> </u>	三
	(Principal office <u>s</u>		F 1 L E
	(Current mailing ac	dress, if different)	至一
	et address of Florida registered agent: (P.O. B LEGALING CORPORATE SERVICES INC.	ox NOT acceptable)	AH 10: 07
Name: Office Address:	5237 Summerlin Commons Blvd., Ste 400	_	
	Fort Myers	. Florida	
	(City)	(Zip code)	
Having been nam designated in this turbur auree to c	ent's acceptance: ned as registered agent and to accept service of application, I hereby accept the appointment omply with the provisions of all statutes relate with and accept the obligations of my position Alo Fix	ive to the proper and complete performance 0,	ajzaciis. c

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.} For initial indexing purposes, list names, littles and addresses of the primary officers and/or directors (up to six (6) total)

To: 18506176383 From: 12147128131 Date: 03/22/22 Time: 5:49 AM Page: 03/04

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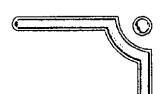
A. DIRECTORS						
□Chairman	Name,	{_lChairman	Name			
□Vice Chairman	Address	☐Vice Chairman	Address			
☑ Duector	103 Southeast 4th Avenue, #203	Director				
₩ President	Delray Beach, FL, 33483	LiPresident				
□Vice President		FilVice President				
□ Secretary	⊠ Freasurer	□Secretary	☐ {reasurer			
CEO CEO	☐Other	⊡Other	□Other			
□Chairman	Name	⊑Charman	Name			
□Vice Chairman	Address	□Vice Chairman	Address			
Director		Director				
□President		□Pres;dent				
□Vice President		□Vice President				
□ Secretary	☐ Treasurer	Secretary	□Treasurer			
Other	Other	Other				
○ Chairman	Name	□Chairman	Name			
□Vice Chairman	Address	⊞Vice Chairman	Address:			
□Director		[]Director				
□President		□President				
□Vice President		□Vice President				
∐ Secretary	□ Freusuter	☐Sceretary	☐ Ireasurer			
Other	Other	∐Other	ClOther			
Important Notice Individuals may be	Use an attachment to report more than six (6). The attachment to report more than six (6). The attachment filing your Florida Departing	ent of State Annual Re	d for reporting purposes only. Non-indexed eport form			
	Signature of Director	or Officer				
The officer or director signing this document (and who is fisted 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 \$ 817 155, F.S. Nick Fortune, President						

(Typed or printed name and capacity of person signing application)

(((H22000105456 3)))

SECRETARY OF STATE





CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I. Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **Bellvue Rush**, **Inc.**, as a DOMESTIC CORPORATION (78) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 04/10/1987, and is in good standing in this state.

Certificate Number: 8202203222506524

You may verify this certificate online at http://www.nvsos.gov

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 03/22/2022.

BARBARA K. CEGAVSKE Secretary of State

Barbara K. Cegarste