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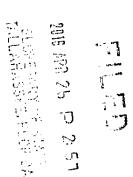
(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL.
(Bu	isiness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

2816 APR 27 PM 12: 48

March 30, 2016

JORGE LORA 515 SW 18TH AVE, UNIT 15 FORT LAUDERDALE, FL 33312

SUBJECT: BELLES, LLC Ref. Number: W16000023377

We have received your document for BELLES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is L05000057045.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 716A00006472

ijП

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	CT. BE	LLES, LL	LC		
SOBJE	C1.	Nan	me of Limited Liability Co	mpany	
				on to Transact Business in Florida," d liability company to transact busin	
Please r	eturn all correspondence co	ncerning this matter t	to the following:		
		500	Ge Lora Name of Person		-
		_	ELLES, LLC		
			Firm/Company		-
		\$15	Sw 16th Ave.	Unit 15	
				. 33312	
	 -	(City/State and Zip Code	, <u> </u>	_
		Sorge Lor	ra _ zz @ Hetma. be used for future annual r	il. com	-
For furt	her information concerning			eport notification)	
1 of Ture		-		10: - 10	
	Name of	Lora Contact Person	at (954 Area Code) 496 - 0043 Daytime Telephone Number	-
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclose	ed is a check for the followi \$\forall 125.00 \text{ Filing Fee}	ng amount: □ \$130.00 Filing Fe Certificate of Status		g Fee & \$\square\$ \$160.00 Filing Fee, of Status & Certified C	
				TO LEAST ASSESSMENT OF THE	3116 APR 24 D 2:5

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOILOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1 BELLES, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company." "L.L.C.," or "LLC.")
BELLES INVESTING, LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company." "L.L.C." or "Ll.C.")
2. Devada (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)
4
4. (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 515 Su 16th Au Unit 15
Fort Lowderdale, FL. 33312 (Street Address of Principal Office)
6. 515 Sw 18th Ave. Unit 15
fort Lauderdale, fl. 33312 (Mailing Address)
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: <u>Sorge Lora</u>
Office Address: SIS Sw 1511. Avc. Unit 15
Florida 33312 (City), Florida (Zip code)
(City) (Zip code) Registered agent's acceptance:
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.
- Jungan
(Registered agent's signature)
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Sorge Lora, MANASCY
515 See 18th Ave. Unit 15, fort Louderdale FLi-33312
Control of the contro
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
of the translator mast be submitted)
Signature of an authorized person
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.
Jorge Lora
Typed or printed name of signee

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified 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, corporation soles, 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, **BELLES**, **LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since February 29, 2016, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 23, 2016.

Barbara K. Cegavske Barbara K. CEGAVSKE Secretary of State

Electronic Certificate
Certificate Number: C20160323-1910
You may verify this electronic certificate
online at http://www.nvsos.gov/