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Florida Department of State
Division of Corporations
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To: Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION BELLSAAC HOMEOWNERS ASSOCIATION INC.

Certificate of Status	0
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To: 18506176381 From: 12147128131 Date: 12/15/22 Time: 9:36 AM Page: 02/04
To: 12143174754 From: anonymous Date: 12/13/22 Time: 9:46 PM Page: 01
850-617-6381 12/13/2022 4:46:16 PM PAGE 1/001 Fax Server



December 13, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LEGALINC CORPORATE SERVICES INC.

SUBJECT: BELLSAAC HOMEOWNERS ASSOCIATION
REF: W22000153634

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Dil Sultana
Regulatory Specialist II

FAX Aud. #: H22000417143
Letter Number: 422A00027733

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: BELLSAAC HOMEOWNERS ASSOCIATION INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
18201 W OKEECHOBEE RD
Hialeah, FL 33018

Mailing address, if different is:
18201 W OKEECHOBEE RD
Hialeah, FL 33018

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Real Estate Homeowner's Association

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: As provided in the Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Edrey Rodriguez, Director Name and Title: _____
Address: 18201 W OKEECHOBEE RD Address: _____
Hialeah, FL 33018

Name and Title: Ramon Rodriguez, Director Name and Title: _____
Address: 18201 W OKEECHOBEE RD Address: _____
Hialeah, FL 33018

Name and Title: Ivon Rodriguez, Director Name and Title: _____
Address: 18201 W OKEECHOBEE RD Address: _____
Hialeah, FL 33018

DocuSign Envelope ID: 10DD96A5-75F6-4AF5-94E9-86369753EF2D

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Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Edrey Rodriguez

Address: 18201 W OKEECHOBEE RD
Hialeah, FL 33018

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Victor Saizarbitoria

Address: 21 SW 15th Road, Suite 200
Miami, FL 33129

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

Edrey Rodriguez
Required Signature of Registered Agent

12/1/2022 | 2:51 PM PST
Date

I submit this document and affirm that the facts stated herein are true. 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.

Victor Saizarbitoria
Required Signature of Incorporator

12/9/2022 | 12:57 PM PST
Date

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