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



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### **COVER LETTER**

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: BELCOTT, INC.				
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u> )			
Enclosed are an original and one (1) copy of the arti	icles of incorporation and a check for:			
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy Certificate of Status			
	ADDITIONAL COPY REQUIRED			
FROM: Deanna Belloso  Name (Printed or typed)				
325 NE 93rd Street	Address			
Miami Shores, FL 33138_ City, State & Zip				
305-781-3609  Daytime Telephone number				
dbelloso@bellsouth.net E-mail address: (to be used for future annual report notification)				

NOTE: Please provide the original and one copy of the articles.



## RECEIVED 10 OCT 28 AMII: 52

SECRETARY OF STATE TALLAHASSEE, FLORIDA

### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 21, 2010

DEANNA BELLOSO 325 NE 93RD STREET MIAMI SHORES, FL 33138

SUBJECT: BELCOTT, INC. Ref. Number: W10000049639

We have received your document for BELCOTT, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please type in the name of the corporation in article 1. 🗸

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The registered agent must sign accepting the designation. 🗸

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2011 date is needed</u>, otherwise the date of receipt will be the file date. <u>A separate article must be added to the Articles of Incorporation for the effective date.</u>

Please return the corrected original and one copy of 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) 245-6928.

Tim Burch Regulatory Specialist II New Filing Section

Letter Number: 410A00024947

**ARTICLES OF INCORPORATION**In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I The name of the corp	NAME poration shall be: BELCOTT, IA	ve.	
ARTICLE II	PRINCIPAL OFFICE		
4	Principal street address	005.1	Mailing address, if different is:
	2550 Biscayne Blvd.	_325_N	NE 93rd Street
_5	Suite 800 Iorth Miami, FL 33181	Miami	Shores, FL 33138
77	IOIII WIAIII, FL 33161		
ARTICLE III P	<del></del>		두 10 · 10 · 10 · 10 · 10 · 10 · 10 · 10
ARTICLE IV 8	in the emedical in or the care's services.		FILED  2010 OCT 28 PM 2:  SECRETARY OF STA  AND ANALSEE FLORE  AND ANALSEE FLORE
The number of share	s of stock is: 1,000		ATE 4.9
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR	RS	• • •
	e: Deanna Belloso - PRESIDENT		e: Karen Schoener-Scott - VPD
Address:	325 NE 93rd Street		325 NE 93rd Street
	_Miami_Shores, FL 33138	<del></del>	Miami Shores, FL 33138
Name and Titl	e:	— Nome and Titl	A.
Address:	e		С
Addiess.		Addicss.	
		<del></del>	
Name and Titl	e:	Name and Title	e·
Address:			
		<del></del>	
		<del></del>	
RTICI.E.VI E	REGISTERED AGENT		
	da street address (P.O. Box NOT acceptable) o	f the registered age	ent is:
Name:	Deanna Belloso		
Address:	325 NE 93rd Street	<del></del>	
	Miami Shores, FL 33138		
PTICLE VII I	NCORPORATOR		
	ess of the Incorporator is:		
Name:	Deanna Belloso		
Address:	325 NE 93rd Street	<del></del>	
	Miami Shores, FL 33138	<del>-</del>	
	I as registered agent to accept service of proces familiar with and accept the appointment as reg		
Ja.			10.01 2010
W W SIG	Required Signature/Registered Agent		<u> 10-21 - 2010</u> Date
	nent and affirm that the facts stated herein are partment of State constitutes a third degree felon	true. I am awar	e that the false information submitted in a
$\sim$	l Λ <i>n</i>		,
<i>W2</i>	Required Signature/Incorporator		10-21-201
•	Required Signature/Incorporator		Date