

P11000037985Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**364534**

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.

(((H11000104452 3)))



H110001044523ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:Division of Corporations
Fax Number : (850) 617-6381**From:**Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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

Email Address: _____**FLORIDA PROFIT/NON PROFIT CORPORATION****bello construction enterprises, inc.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

K 04/20/11

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 APR 19 PM 12:01

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 APR 19 PM 4:54

H11000104452

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

*Bello Construction Enterprises, Inc.***ARTICLE II PRINCIPAL OFFICE**

Principal street address

*13142 NE 3 COURT
North Miami, FL 33161*

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*Any business permitted in the State of Florida.***ARTICLE IV SHARES**

The number of shares of stock is:

*500***ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: *Luis M. Bello, President*Address: *13142 NE 3 COURT**North Miami, FL 33161*

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: *Luis M. Bello*Address: *13142 NE 3 COURT**North Miami, FL 33161***ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: *Luis M. Bello*Address: *13142 NE 3 COURT**North Miami, FL 33161*

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

Luis Manuel Bello

Required Signature/Registered Agent

4-15-11

Date

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

Luis Manuel Bello

Required Signature/Incorporator

4-15-11

Date

H11000104452

FILED
11 APR 19 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA