| (Re                                     | equestor's Name)  |           |  |  |  |
|---|-------------------|-----------|--|--|--|
| (Address)                               |                   |           |  |  |  |
| (Address)                               |                   |           |  |  |  |
| (City/State/Zip/Phone #)                |                   |           |  |  |  |
| PICK-UP                                 | ☐ WAIT            | MAIL      |  |  |  |
| (Bu                                     | siness Entity Nan | ne)       |  |  |  |
| (Document Number)                       |                   |           |  |  |  |
| Certified Copies                        | _ Certificates    | of Status |  |  |  |
| Special Instructions to Filing Officer: |                   |           |  |  |  |
|   |                   |           |  |  |  |
|   |                   |           |  |  |  |
|   |                   |           |  |  |  |

Office Use Only



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09/23/13--01051--004 \*\*78.75

## **COVER LETTER**

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

| (PROPOSED CORPORA                                    | TE NAME - <u>MUST INCL</u>                         | ODE SELLIY)  |
|--|--|--|
| Enclosed are an original and one (1) copy of the art | ticles of incorporation and                        | d a check for:   |
| \$70.00 \$78.75  Filing Fee & Certificate of Status  | \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED |

SUBJECT: Betancourt Business Consulting Corons,

Name (Printed or typed)

Robert Blood

Address

City, State & Zip

City, State & Zip

Daytime Telephone number

Michaele Betancour + Business Consulting. Com

E-mail address: (to be used for future annual report notification)

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

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

Thi.

| he name of the corpora                     | tion shall be: Bl+ancour+                            | Business       | Consulting                   | trong                               |
|--|--|----------------|------------------------------|-------------------------------------|
|  | <b>NCIPAL OFFICE</b> Principal <u>street</u> address |                | Mailing address, if differen |                                     |
| 1108 Ne                                    | Industrial 13  | /              |                              |                                     |
|  | Bch, FC 349.   |                |                              |                                     |
| RTICLE III PUR<br>be purpose for which the | POSE the corporation is organized is:                | Consul         | ting Ad                      | wsin                                |
|  |  |                | · {-,                        |                                     |
| Name and Title                             | rial officers and/or dire                            | Name and Title | :                            | SECRETARY OF STADIVISION OF CORPORA |
| Address                                    | 1108 Me Indus<br>Jensen Dah, 7                       |                | f* .                         | ATE NS                              |
| Name and Title                             |  | Name and Title | :                            |                                     |
| Address                                    |  |                |                              |                                     |
|  |  |                |                              |                                     |
| Name and Title                             |  | Name and Title | ·                            | <u>~</u>                            |
| Address                                    |  | Address:       |                              |                                     |
|  |  |                |                              |                                     |

| Name and Title:   | Name and Title:  |                         |
|---|--|-------------------------|
| Address   | Address:   |                         |
|   |  |                         |
|   |  | P. 1                    |
| ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT accept  | able) of the registered agent is:  |                         |
| Name: Michael Betance   | ourt   | <b>,</b> €              |
| Address: 1108 NL thau   | Strial BIND  | 3 SE S                  |
| Jensen Boh, Z   | (34957   | FILE<br>NOF COR         |
| ARTICLE VII INCORPORATOR  |  | D<br>SPORAL<br>PORAL    |
| The <u>name and address</u> of the Incorporator is:   |  | <del>ه</del> کي ا       |
| Name: Michael Betan   | cont   | . 0                     |
| Name: Michael Betan<br>Address: 1708 NC Indu  | world BND  |                         |
| Jensen 26h,   | FC 34950   | 1.                      |
| Having been named as registered agent to accept service of this certificate, I am familiar with and accept the appointmen     |  |                         |
| Required Signature/Registered Age   | nt   | 9/20/13<br>Days         |
| I submit this document and affirm that the facts stated here<br>document to the Department of State constitutes a third degre | in are true. I am aware that the false info<br>e felony as provided for in s.817.155, F.S. | ormation submitted in a |
| Required Signature/Incorporator   | <del></del>  | 9/20/13<br>Date         |
|   |  |                         |
|   |  |                         |