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Florida Department of State
Division of Corporations
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16 APR 11 AM 12:00
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TALLAHASSEE, FLORIDA

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

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FLORIDA PROFIT/NON PROFIT CORPORATION
BELONGAJIM, INC

Certificate of Status	0
Certified Copy	1
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109158

Electronic Filing Menu

Corporate Filing Menu

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②

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COVER LETTER

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

SUBJECT: BELONGAJIM, INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee
☐ \$78.75 Filing Fee
& Certificate of Status

☒ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: JAMES D. FULFORD
Name (Printed or typed)
298 N.E. 181 STREET
Address
MIAMI, FLORIDA 33162
City, State & Zip
305-621-2001
Daytime Telephone number
LUCKY@LUCKYGAMING.COM
E-mail address: (to be used for future annual report notification)

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

DEL

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: BELONGAJIM, INC

ARTICLE II PRINCIPAL OFFICE
Principal street address

298 N.E. 181 STREET
MIAMI, FLORIDA 33162

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To transact any and all lawful business.

ARTICLE IV SHARES 100
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JAMES D. FULFORD, PRES

Address: 298 N.E. 181 STREET
MIAMI, FLORIDA 33162

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE FLORIDA

727

(cont.)

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: JAMES D. FULFORD
Address: 298 N.E 181 STREET
MIAMI, FLORIDA 33162

16 APR 11 AM 12:00
STATE DEPT OF STATE
TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JAMES D. FULFORD
Address: 298 N.E. 181 STREET
MIAMI, FLORIDA 33162

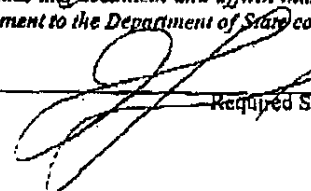
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

4-11-2016
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.



Required Signature/Incorporator

4-11-2016
Date

BEL