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(Requestor's Name)

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SECRETARY
DIVISION OF CORPORATIONS

COVER LETTER

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

STATE OF FLORIDA
DIVISION OF CORPORATIONS
16 APR 18 PM 10:11

SUBJECT: BELT Technologies, 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: LILLIAN SORIERO
Name (Printed or typed)
13687 DOUBLETREE TRAIL
Address
WELLINGTON, FL 33414
City, State & Zip
561-790-2225
Daytime Telephone number
LILLY971@AOL.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)

ARTICLE I NAME

The name of the corporation shall be: BELT Technologies, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

13687 Doubletree Trail

Wellington, FL 33414

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 150

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Toni Musacchia, President

Address 8143 Montserrat Place

Wellington, FL 33414

Name and Title: Brian Nagy, Vice-President

Address: 319 Franklin Drive, #7304

Delray Beach, FL 33483

Name and Title: Lillian Soriero, Secretary

Address 13687 Doubletree Trail

Wellington, FL 33414

Name and Title: Edmund Soriero, Treasurer

Address: 13687 Doubletree Trail

Wellington, FL 33414

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

FILED
DIVISION OF CORPORATIONS
16 APR 18 PM 10:11

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: Lillian Soriero

Address: 13687 Doubletree Trail

Wellington, FL 33414

16 APR 18 PM 10:11
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Lillian Soriero

Address: 13687 Doubletree Trail

Wellington, FL 33414

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: April 11, 2016. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business 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

Lillian Soriero

Required Signature/Registered Agent

April 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.

Lillian Soriero

Required Signature/Incorporator

April 11, 2016

Date

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Address 13687 Doubletree Trail

Address: 13687 Doubletree Trail

Wellington, FL 33414

Wellington, FL 33414

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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

Name: Lillian Soriero
Address: 13687 Doubletree Trail
Wellington, FL 33414

ARTICLE VII INCORPORATOR

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Lillian Soriero April 11, 2016
Required Signature/Registered Agent 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.

Lillian Soriero April 11, 2016
Required Signature/Incorporator Date