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**FLORIDA PROFIT/NON PROFIT CORPORATION
BELLAIRE FOUNDATIONS, INC.**

Certificate of Status	0
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2019 DEC 12 PM 9:10

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Bellaire Foundations, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address

Mailing address, if different is:

433 Plaza Real Ste 275Boca Raton, FL 33432 Any L**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Any legal activity/Business management services**ARTICLE IV SHARES**The number of shares of stock is: 2,000 shares @\$.001**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Mitchell Chambers/Director

Name and Title: _____

Address: 433 Plaza Real Ste 275

Address: _____

boca Raton, FL 33432

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: NRAI Services, Inc.
 Address: 1200 South Pine Island Road
Plantation, FL 33324.

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Laughlin Associates, Inc.
 Address: 9120 Double Diamond Parkway
Reno, NV 89521

ARTICLE VIII EFFECTIVE DATE

Effective date, if other than the date of filing: _____ (OPTIONAL)

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

By: NRAI Services, Inc.
Karen Fungelsky Asst. Secretary 12/11/19
 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.

Brent Buscay 12/11/2019
 Required Signature/Incorporator Date