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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(Oily) Clate 12.p. Here vy					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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2020 JAN 30 PM 4: 17

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

BEATUM RE CORP				
Signature Requested by: Seth Name Walk-In 124 Paragraphing - Thomaside GA ECCC	01/30/20 Date Will Pick Up	Time	Art of Inc. File	FILED 2020 JAN 30 PM 4: 17 SCORLINARY OF STATE TALLAHASSEE. FLORIDA

COVER LETTER

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

SUBJECT: BEATUM RE CORP.					
(PROPOSED CORPOR	ATE NAME – <u>MUST INCLUDE SUFFIX</u>)				
Enclosed are an original and one (1) copy of the art	ticles of incorporation and a check for:				
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy & Certificate of Status				
	ADDITIONAL COPY REQUIRED				
FROм: Bared & Associates, Р.А	/ Mimi Bared				
Nam	e (Printed or typed)				
201 Alhambra Circle, Su	uite 501 Address				
Coral Gables, FL 33134					
City	, State & Zip				
305-666-6010	Telephone number				
. Bayume	- SS				
mimi@baredlaw.com E-mail address: (to be use	ed 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 A	IAME BEATUM RE CORP.		
2 <u>0</u> Su	PRINCIPAL OFFICE Principal street address 1 Alhambra Circle ite 501 ral Gables, FL 33134	Mailing	address, if different is:
ARTICLE III PI The purpose for white Any and All Lay	ch the corporation is organized is:		
ARTICLE IV S The number of shares	of stock is:100		
	<u> </u>		
Address:	201 Alhambra Circle Suite 501 Coral Gables FL 33134	Address:	
Name and Title Address:		Name and Title: Address:	2020 3E(
Name and Title Address:		Address:	JAN 30 AHASSEE
	EGISTERED AGENT		
	a street address (P.O. Box NOT acceptable)	of the registered agent is:	LOR STA:
Name: Address:	Pablo R. Bared, Esq. 201 Alhambra Circle, Suite 501 Coral Gables, FL 33134		H 4: 17 STATE FLORIDA
ARTICLE VII IN	ICORPORATOR		
	ss of the Incorporator is:		
Name:	Paolo R. Based, Flog	<u></u>	
Address:	201 Alhambra Cirdle Suite 501 Coral Gables, FL 33134	<u> </u>	
Having been named this certificate, I am fo	s registered agent to accept service of proc pulliar with and accept the appointment as r	eess for the above stated corp registered agent and agree to a	oration at the place designated in act in this capacity
			01/29/2020
	Required Signature Registered Agent	· · · · · · · · · · · · · · · · · · ·	Date
I submit this docume document to the Depa	nt and affirm that the facts stated herein a rtment of State constitutes a third degree felo	re true. I am aware that the ony as provided for in s.817.1.	false information submitted in a 55, F.S.
	1\ \		04/20/2020
:	Required Signature/Incorporator		01/29/2020 Date