Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:				(*)
	Division of Co	rpo	orations	
	Pax Number	:	(850) 617-6381	
From:				
			BLUMBERG/EXCELSIOR CORPOR	RATE SERVI
	Account Number	: :	075350000353	
	Phone	:	(800) 221-2972	
	Fax Number	:	(917) 243-5843	
			business entity to be use only one email address pl	
l Addres	95:			

Belcher Capital Group, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

TICLE 1 NAME  name of the corporation shall be:  TICLE 11 PRINCIPAL OFFICE	
Principal street address	Mailing address, if different is 3043 Joe Louis Drive
3 Joe Louis Drive	Orlando, FL 32805
ando, FL 32805	
TCLE III PURPOSE purpose for which the corporation is organized	to engage in any lawful act or activity for
ich corporations may be organized.	
<del></del>	
TICLETY SHAKES LIMON	
number of shares of stock is:	
number of shares of stock is:	
number of shares of stock is:	
number of shares of stock is:  TICLE 1' INITIAL OFFICERS AND/OR DI	IRECTORS
number of shares of stock is:  TICLE 1' INITIAL OFFICERS AND/OR DI  Name and Title:  Tony L Belcher-PRESIDE  3043 Joe Louis Drive	ENT Name and Title:
number of shares of stock is:  TICLE 1' INITIAL OFFICERS AND/OR DI  Name and Title:  Tony L Belcher-PRESIDI  Address  3043 Joe Louis Drive	IRECTORS
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number of shares of stock is:  TICLE 1' INITIAL OFFICERS AND/OR DI  Name and Title:  Tony L Belcher-PRESIDI  Address  3043 Joe Louis Drive	ENT Name and Title:Address:
Name and Title:  Address  Orlando, FL 32805	ENT Name and Title:Address:
number of shares of stock is:    TICLE 1' INITIAL OFFICERS AND/OR DI   Name and Title: Tony L Belcher-PRESIDI   Address	ENT Name and Title:Address:
number of shares of stock is:  TICLE 1' INITIAL OFFICERS AND/OR DE  Name and Title:  Address  Orlando, FL 32805  Name and Title:	Name and Title:Address:
Name and Title: Tony L Belcher-PRESIDI Address Orlando, FL 32805	Name and Title:Address:
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TICLE 1' INITIAL OFFICERS AND ADR DE Name and Title:  Address  Name and Title:  Orlando, FL 32805  Name and Title:  Address	Name and Title:  Address:  Name and Title:  Address:
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Name at	nd Title:	Name and Title:
Addres	s	Address:
CRTICLE VI	REGISTERED AGENT	
The name and F	Torida street address (P.O. Box NOT acceptal	ole) of the registered agent is:
Name:	BlumbergExcelsior Corporate Service	es, Inc.
Address:	155 Office Plaza Drive, 1st Fl.	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Tallahassee FL, 32301	
ARTICLE VII	INCORPORATOR	
The name and a	address of the Incorporator is:	
	Tony L Belcher	
Name: Address:	3043 Joe Louis Drive	<del></del>
yaaras.	Orlando, FL 32805	
ARTICLE VIII	EFFECTIVE DATE: f other than the date of filing:	(OPTIONAL)
(If an effective days after the I	date is listed, the date must be specific and c	cannot be more than five business days prior or 90 business
Note: If the dat	e inserted in this block does not meet the appli-	cable statutory filing requirements, this date will not be listed as
the document's	effective date on the Department of State's reco	ords.
Having been no this certificate, i	nned as registered agent to accept service of pi I am familiar with and accept the appointment	rocess for the above stated corporation at the place designated in as registered agent and agree to act in this capacity
Jos	e Mojica Asst Sec  Remired Signature/Registered Agen	0.202/80/01
	Required Signature/Registered Agen	it Date
I submit this do	ocument and affirm that the facts stated hereing the facts of the facts of the facts at the facts of the fact	n are true. I am aware that the false information submitted in a efform as provided for in \$817.155, F.S.
	- 1	, ,
	Mired Signature/Incorporator	
Regu	aired Signature/incorporator	17410