

P2200052285  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.

(((H22000221015 3)))



H220002210153ABCP

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : AT PLUS CORP  
Account Number : I20140000060  
Phone : (305)406-3800  
Fax Number : (305)406-3999

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

Email Address: \_\_\_\_\_

2022 JUN 27 AM 1:18

**FLORIDA PROFIT/NON PROFIT CORPORATION  
BELINDA'S COUTURE INC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

RECEIVED  
2022 JUN 27 PM 4:45  
DIVISION OF CORPORATIONS  
FACIAL

Electronic Filing Menu

Corporate Filing Menu

Help

25

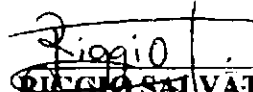
## **AFFIDAVIT**

BEFORE ME, the undersigned authority, on this day personally appeared **RIGGIO SALVATORE**, who after being firstly duly sworn, under oath, deposes and says:

1. The undersigned is also the sole Director and the President of **BELINDA'S COUTURE INC**, a Florida corporation to be filed with the Florida Department of State on or about **June 27, 2022**.
2. The undersigned hereby consents to and authorizes the use by **BELINDA'S COUTURE INC** of the name **BELINDA'S COUTURE INC**.
3. The undersigned has personal knowledge of the fact and matter set forth herein and therefore has no intentions of reinstating the dissolved entity.

FURTHER AFFIANT SAYETH NAUGHT.

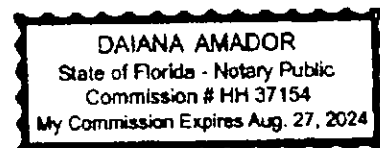
STATE OF FLORIDA           )  
  ) SS:  
COUNTY OF MIAMI-DADE )

  
**RIGGIO SALVATORE**  
2022 JUN 27 AM 9

PERSONALLY appeared before me, **RIGGIO SALVATORE**, who is personally known to me, who being by my first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

Witness my hand and official seal this **27** day of **JUNE 2022**.

  
Notary Public Signature



**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: BELINDA'S COUTURE INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
622 E. HALLANDALE BEACH BLVD  
HALLANDALE BEACH, FL 33009

Mailing address, if different is:

**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: 400

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>RIGGIO SALVATORE (P)</u>	Name and Title:	
Address	<u>622 E. HALLANDALE BEACH</u> <u>BLVD</u> <u>HALLANDALE BEACH FL 33009</u>	Address:	

Name and Title:		Name and Title:	
Address		Address:	

Name and Title:		Name and Title:	
Address		Address:	

2022 JUN 27 AM 1: 3

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: RIGGIO SALVATOREAddress: 622 E. HALLANDALE BEACH BLVD  
Hallandale Beach, FL 33009**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: RIGGIO SALVATOREAddress: 622 E. HALLANDALE BEACH BLVD  
Hallandale Beach, FL 33009**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*Riggio  
Required Signature/Registered Agent06/27/2022  
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.*Riggio  
Required Signature/Incorporator06/27/2022  
Date