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FLORIDA PROFIT/NON PROFIT CORPORATION
BELAN SERVICES INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

H/L

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

ARTICLE I NAMEThe name of the corporation shall be: BELAN SERVICES INC**ARTICLE II PRINCIPAL OFFICE**Principal street address
5602 TAFT STREET UNIT 5
HOLLYWOOD, FL 33021Mailing address, if different is:
5602 TAFT STREET UNIT 5
HOLLYWOOD, FL 33021**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: SHARES: 100 @ \$1.00**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: YUSBEL A. CHIRINOS ZULETA - P

Name and Title: _____

Address 5602 TAFT STREET UNIT 5
HOLLYWOOD, FL 33021

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

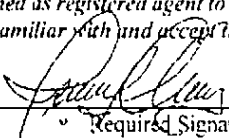
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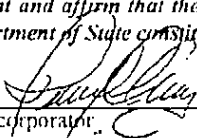
Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

_____**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: YUSBEL A. CHIRINOS ZULETAAddress: 5602 TAFT STREET UNIT 5HOLLYWOOD, FL 33021**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: YUSBEL A. CHIRINOS ZULETAAddress: 5602 TAFT STREET UNIT 5HOLLYWOOD, FL 33021**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 01/01/2023 (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*

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.*

Required Signature/Incorporator: _____ Date _____FILED
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CORPORATE SECRETARY
TALLAHASSEE, FLORIDA