

**P23000082800**

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

H23000410570

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

From: Account Name : CITI TAXES LLC  
Account Number : I20230000131  
Phone : (305)803-4427  
Fax Number : (305)402-6230

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

Email Address: citi.taxes@yahoo.com

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
BELLAGIO DELUXE CONSTRUCTION COMPANY CORP**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 1       |
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$78.75 |

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Corporate Filing Menu

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**COVER LETTER**

H23000410570

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

**SUBJECT: BELLAGIO DELUXE CONSTRUCTION COMPANY CORP**  
\_\_\_\_\_  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

**FROM: CITI TAXES LLC**  
\_\_\_\_\_  
Name (Printed or typed)  
**5721 NW 112 TH AVE APT 108**  
\_\_\_\_\_  
Address  
**DORAL, FL 33178**  
\_\_\_\_\_  
City, State & Zip  
**305-803-4427**  
\_\_\_\_\_  
Daytime Telephone number  
**citi.taxes@yahoo.com**  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FL  
2023 DEC - 1 PM 2: 54

**FILED**

**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)

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ARTICLE I NAME

The name of the corporation shall be: BELLAGIO DELUXE CONSTRUCTION COMPANY CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address  
709 SW 1st ST Apt 712  
Miami, FL 33130

Mailing address, if different is  
709 SW 1st ST Apt 712  
Miami, FL 33130

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ALL AND ANY LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: HENRY JONAS COLMENARES PINTO- PRESIDENT Name and Title: \_\_\_\_\_  
Address: 709 SW 1st ST Apt 712 Address: \_\_\_\_\_  
Miami, FL 33130

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE FL

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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: HENMY JONAS COLMENARES PINTO  
 Address: 709 SW 1st ST Apt 712  
Miami, FL 33130

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 TALLAHASSEE, FL

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: HENMY JONAS COLMENARES PINTO  
 Address: 709 SW 1st ST Apt 712  
Miami, FL 33130

**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*

\_\_\_\_\_  
 Required Signature/Registered Agent 12/01/2023  
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 12/01/2023  
Date