

To:

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From: Yanet Avila

1/11/24, 3:39 PM

Division of Corporations

P24000002246

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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**FLORIDA PROFIT/NON PROFIT CORPORATION
BELMMOND CORP**

Certificate of Status	0
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: BELMMOND CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address
1680 MERIDIAN AVE SUITE 303
MIAMI BEACH, FL 33139

Mailing address, if different is:

SAME**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: 100 SHARES**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: MARIANO MANUEL NIEL QUESADA - P

Name and Title: _____

Address 1680 MERIDIAN AVE SUITE 303
Miami Beach, FL 33139

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: MARIANO MANUEL NIEL QUESADA
Address: 1680 MERIDIAN AVE SUITE 303
Miami Beach, FL 33139

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARIANO MANUEL NIEL QUESADA
Address: 1680 MERIDIAN AVE SUITE 303
Miami Beach, FL 33139

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

_____ 01/10/24
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 § 817.155, F.S.
_____ 01/10/24
Required Signature/Incorporator Date

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