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Florida Department of State  
Division of Corporations  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: harry@samuelsaccounting.com

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**Bellinder Consulting Inc**

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

REGISTRAR  
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**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: Bellinder Consulting Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

10277 SW 57TH COURT  
COOPER CITY, FL 33328

\_\_\_\_\_

\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any Legal and Lawful Purpose

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ARTICLE IV SHARES**

The number of shares of stock is: 1,500 at No Par Value

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

Name and Title: MICHAEL E BELLINDER - President/Director

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

Address: 10277 SW 57TH COURT

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

COOPER CITY, FL 33328

\_\_\_\_\_

\_\_\_\_\_

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: Harry M. Samuels  
Address: 2901 Stirling Road, #308  
Ft. Lauderdale, FL 33312

**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:

Name: MICHAEL E BELLINDER  
Address: 10277 SW 57TH COURT  
COOPER CITY, FL 33328

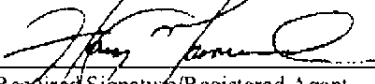
**ARTICLE VIII EFFECTIVE DATE:**

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 Harry M. Samuels

July 10, 2024

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 MICHAEL E BELLINDER

July 10, 2024

Date

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