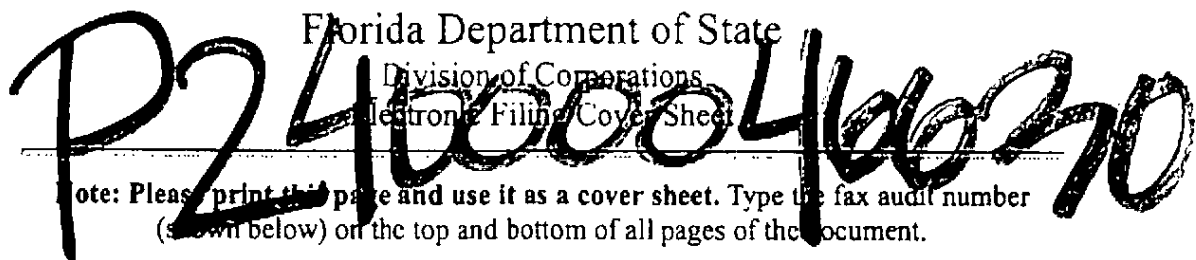


7/12/24, 3:34 PM

Division of Corporations



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.

((H24000237643 3)))



H240002376433ABC+

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 : TAX S PRO CORP

Account Number : I20200000147

Phone : (786)307-2733

Fax Number : (954)420-7118

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

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

FLORIDA PROFIT/NON PROFIT CORPORATION  
BELLY HAPPY NUTRITION CONSULTING CORP

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2024 JUL 12 PM 4:03

RECEIVED  
CORPORATIONS  
DIVISION  
JUL 12 2024

2024 JUL 12 PM 3:47

## COVER LETTER

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

**SUBJECT: BELLY HAPPY NUTRITION CONSULTING 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: TAX S PRO CORP**  
Name (Printed or typed)

**8030 PINES BLVD**

Address

**PEMBROKE PINES , FLORIDA 33024**

City, State & Zip

**786-3072733**

Daytime Telephone number

**INFO@TAXSPRO.COM**

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2024 JUL 12 PM 4: 04

**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: **BELLY HAPPY NUTRITION CONSULTING CORP**

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

**8610 SW 103 AVE**  
**MIAMI, FL 33173**

Mailing address, if different is:

**8610 SW 103 AVE**  
**MIAMI, FL 33173**

**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**

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

Name and Title:

**PRESIDENT**  
**LUGO, SARESKA**  
**8610 SW 103 AVE**  
**MIAMI, FL 33173**

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Jul 12, 2024 15:39 (UTC-04)

From: +19544207118 (TAX S PRO)

To: +18506176381

Page 4 of 4

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: TAX S PRO CORP  
Address: 8030 PINES BLVD  
PEMBROKE PINES , FL 33024

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Address: TAX S PRO CORP  
8030 PINES BLVD  
PEMBROKE PINES , FL 33024

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 0712/2024 (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

07/12/2024

\_\_\_\_\_  
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

07/12/2024  
\_\_\_\_\_  
Date