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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3/3

## COVER LETTER

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

**SUBJECT:** Bella Vida Photography Group Inc.

**(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:** James Thompson

Name (Printed or typed)

4121 Amber Rd

Address

Valrico, Florida, 33594

City, State & Zip

813-661-2013

Daytime Telephone number

**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)

**ARTICLE I NAME**

The name of the corporation shall be:

Bella Vida Photography Group Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

4121 Amber Rd.  
Valrico, FL 33594

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Provide photography services for general public.

**ARTICLE IV SHARES**

The number of shares of stock is:

100

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

List name(s), address(es) and specific title(s):

President	Vice President
James Thompson	Cristol Thompson
4121 Amber Rd.	4121 Amber Rd.
Valrico, FL 33594	Valrico, FL 33594

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

James Thompson  
4121 Amber Rd.  
Valrico, FL 33594

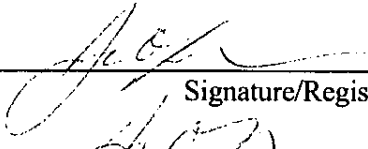
**ARTICLE VII INCORPORATOR**

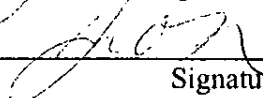
The name and address of the Incorporator is:

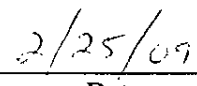
James Thompson  
4121 Amber Rd.  
Valrico, FL 33594

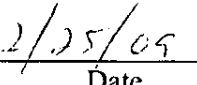
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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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