

P14000041179

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

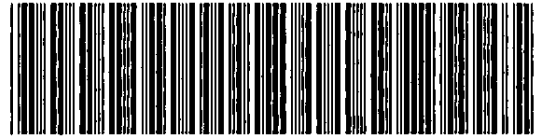
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only
TS SK/14



000259243660

04/25/14--01012--017 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAY - 8 PM 2:19

COVER LETTER

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

SUBJECT: _____
(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: Bella Under The Sea Spa Incorporated
Name (Printed or typed)
2807 Dr M L King Jr St N
Address
St Petersburg FL 33703
City, State & Zip
727 822 7129
Daytime Telephone number
nathalie@hypericflorida.com
E-mail address: (to be used for future annual report notification)

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 Under The Sea Spa Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address Mailing address, if different is:
2807 Dr M L King Jr ST N
St Petersburg FL 33703

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Hair Salon & Spa

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Nathalie Menard, President</u>	Name and Title:	_____
Address	<u>4001 12th St N E</u> <u>St Petersburg fl 33703</u>	Address:	_____
	_____		_____
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAY -8 PM 2:20

(conti.)

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: Nathalie Menard
 Address: 4001 12Th St N E
St Petersburg FL 33703

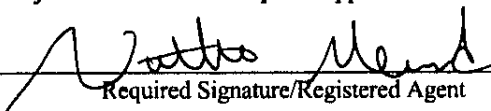
14 MAY - 8 PM 2: 20
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Nathalie Menard
 Address: 4001 12th St N E
St Petersburg fl 33703

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

5-7-14
 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

5-7-14
 Date