

P/500004/398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

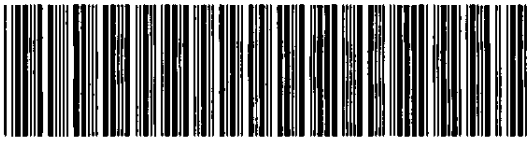
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/04/15--01050--016 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 MAY -4 PM 1:02

⌘ 05/08/15

COVER LETTER

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

SUBJECT: BELLA MELENA, 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: ARACELIS MATIAS
Name (Printed or typed)
6401 S. WESTSHORE BLVD., #212
Address
TAMPA, FL 33616
City, State & Zip
813-841-1055
Daytime Telephone number
MATIASARACELIS@GMAIL.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 MELENA, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address 6401 S. WESTSHORE BLVD., #212
TAMPA, FL 33616

Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO ENGAGE IN ANY LAWFUL BUSINESS ACTIVITY
ALLOWED BY THE STATE OF FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ARACELIS MATIAS, PRESIDENT Name and Title: _____
Address: 6401 S. WESTSHORE BLVD., #212 Address: _____
TAMPA, FL 33616 _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

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DIVISION OF CORPORATIONS
15 MAR -14 PM 1:02

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: ARACELIS MATIAS
 Address: 6401 S. WESTSHORE BLVD., #212
TAMPA, FL 33616

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ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: ARACELIS MATIAS
 Address: 6401 S. WESTSHORE BLVD., #212
TAMPA, FL 33616

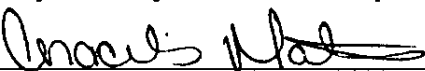
ARTICLE VIII EFFECTIVE DATE:

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 business days prior or 90 business days after the filing.)

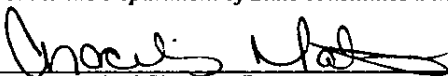
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

4/29/2015
 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

4/29/2015
 Date