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 Coral Gables, FL 33134
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 Email: filing@ecfsfiling.com

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. La Belle Art Inc
 (CORPORATE NAME) (DOCUMENT #)

2. _____
 (CORPORATE NAME) (DOCUMENT #)

3. _____
 (CORPORATE NAME) (DOCUMENT #)

Walk-In Pick up time: _____ Certified Copy Certificate Of Status

New Filings	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Other:

Amendments	
<input type="checkbox"/>	Amendments
<input type="checkbox"/>	Resignation
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Other:

Other Filings	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Apostille:
<input type="checkbox"/>	Other:

Examiners Initials

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: LA BELLE ART INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1912 SW 57 AVE

MIAMI, FL 33155

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: SHARES: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANDRE MANCINI (P)

Name and Title: _____

Address

1912 SW 57 AVE

Address: _____

MIAMI, FL 33155

Name and Title: SONIA LOZADA (V/P)

Name and Title: _____

Address

1912 SW 57 AVE

Address: _____

MIAMI, FL 33155

Name and Title: _____

Name and Title: _____

Address

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 MAR 28 PM 1:15

FILED

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: ANDRE MANCINI
 Address: 1912 SW 57 AVE
MIAMI, FL 33155

SECRETARY OF STATE
 DEPARTMENT OF REVENUE
 TALLAHASSEE, FLORIDA

16 JAN 28 PM 1:16

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ARTICLE VII INCORPORATOR

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

Name: ANDRE MANCINI
 Address: 1912 SW 57 AVE
MIAMI, FL 33155

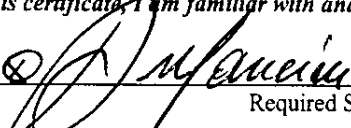
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

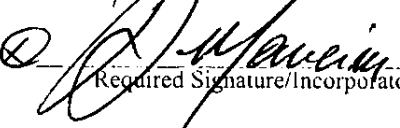
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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

 _____ 01/26/2016
 Required Signature/Registered Agent 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.

 _____ 01/26/2016
 Required Signature/Incorporator Date