

TRANSMITTAL LETTER

PO1000116287

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

SUBJECT: BELLA DESSERTS & Food DISTRIBUTORS INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

600004711736--5
-12/06/01--01050--005
*****78.75 *****78.75

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: ANGELA K. Spillis
Name (Printed or typed)

301 S. SHORE CREST DR.
Address

TAMPA, FLORIDA 33609
City, State & Zip

305-970-8835
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 DEC -6 PM 2:35

FILED

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

B. McKnight DEC - 7 2001

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 DESSERTS & FOOD DISTRIBUTORS INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

301 S. SHORE CREST DR.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOOD DISTRIBUTION

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

JOHN P. SPILLIS, PRESIDENT
301 S. SHORE CREST DR. TAMPA, FL. 33609
ANGELA K. SPILLIS, VICE PRESIDENT
301 S. SHORE CREST DR. TAMPA, FL. 33609

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

ANGELA K. SPILLIS
301 S. SHORE CREST DR. TAMPA, FL. 33609

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ANGELA K. SPILLIS
301 S. SHORE CREST DR. TAMPA, FL. 33609

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

Date

Signature/Incorporator

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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