

P050000/2409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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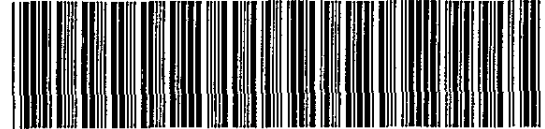
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TRANSMITTAL LETTER

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

SUBJECT: Lulu Belle, 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: NEILL O'BRIEN III

Name (Printed or typed)

140 NORTH ORLANDO AVENUE, SUITE 150

Address

WINTER PARK, FL 32789

City, State & Zip

407 644 0990

Daytime Telephone number

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

*Please use enclosed Fedex label,
to return. Thanks for your help.*

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:

Lulu Belle, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

140 North Orlando Avenue, Suite 150, Winter Park, Fl 32789

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is:

1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Saralyn O. Rodriguez, 140 North Orlando Avenue, Suite 150, Winter Park, Fl 32789, President, Secretary, and Treas.

ARTICLE VI REGISTERED AGENT

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

Neill O'Brien III, 140 North Orlando Avenue, Suite 150, Winter Park, Fl 32789

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Neill O'Brien III, 140 North Orlando Avenue, Suite 150, Winter Park, Fl 32789

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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA