

PD5000028766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

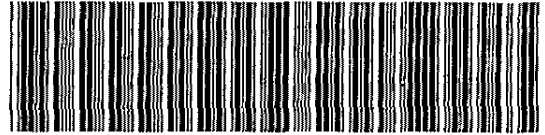
(Document Number)

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05 FEB 24 AM 10:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

MD

## TRANSMITTAL LETTER

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

SUBJECT: An Event to Remember, 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: JOHANN LOIACANO  
Name (Printed or typed)

5646 Wescford. drive  
Address

Newport Richey, FL 34655  
City, State & Zip

727-372-1252  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

September 17, 2004

JOLLAIN LOIACANO  
5646 HEREFORD DR  
NEWPORT RICHEY, FL 34655

SUBJECT: AN EVENT TO REMEMBER, INC.  
Ref. Number: W04000034516

We have received your document for AN EVENT TO REMEMBER, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6927.

Tracy Smith  
Document Specialist  
New Filings Section

Letter Number: 804A00055106

2/22/05

To Mary Ann,

Thanks for assisting me. The  
reference # W04000034516  
is to be used to pay for  
my new articles.

Thank.

Lester K. Amato

**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 Designs, Inc

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

918 Woodgate Dr.  
Palm Harbor, FL 34685

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Interior Decorating, wall paintings

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Lisa K. Amato - PVTS  
918 Woodgate Dr.  
Palm Harbor FL 34685

**ARTICLE VI REGISTERED AGENT**

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

Lisa K. Amato  
918 Woodgate Dr.  
Palm Harbor, FL 34685

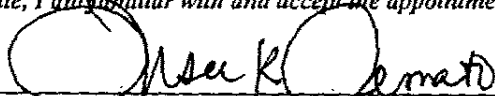
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

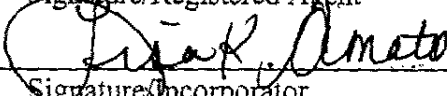
Lisa K Amato  
918 Woodgate Dr.  
P.H. FL 34685

\*\*\*\*\*

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



Signature/Incorporator

05 FEB 24 AM 10:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

1/21/05

Date

1/21/05

Date