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09/26/05--01009--019 **78.75

COVER LETTER

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

SUBJECT: Bell	a Alli, Inc.	ΓΕ ÑAME – <u>MŮST INCL</u>	UDE SUFFIX)	e e e e e e e e e e e e e e e e e e e
Englosed are an ori	ginal and one (1) copy of the artic	ales of incorporation and	a about for	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:	Allison J. Cecilio	Printed or typed)	<u></u>	i i i serie de la companie de la co
	2424 SE 17 Street #B-	2,10,,ddress		y *
	Fort Lauderdale, Florida	1 33316 State & Zip	724 25 92	· · · · · · · · · · · · · · · · · · ·
	954-655-2201	lephone number	Marie Marie Carlo Ca	ছু—ছুহ এম আছুন দুটে ভয়া তুলা এই চাইন তথ্য

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)

FILED

<u>ARTICLE I NAME</u>

_05.SEP 26 PM 2: 19

The name of the corporation shall be:

Bella Alli, Inc.

SEURETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2424 SE 17 Street #B-210 Fort Lauderdale, FI 33316

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Travel & Lesiure

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):

Allison J. Cecilio 2424 SE 17 Street #B-210 Fort Lauderdale, Fl. 33316

ARTICLE VI REGISTERED AGENT

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

Allision J. Cecilio 2424 SE 17 Street #B-210 Fort Lauderdale, FI 33316

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Allision J. Cecilio 2424 SE 17 Street #B-210 Fort Lauderdale, FI 33316

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

7

Signature/Indorporator

Date