

P060000067534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

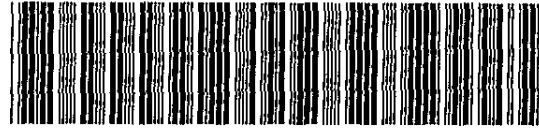
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2006 MAY 11 P 3:51

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5-15-06  
206

## COVER LETTER

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

SUBJECT: Bellarain 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: John Rhoden

Name (Printed or typed)

28722 Alessandria Cir.

Address

Bonita Springs FL 34135

City, State & Zip

239-370-5298

Daytime Telephone number

**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)

### **ARTICLE I    NAME**

The name of the corporation shall be:

Bellarain Inc.

### **ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailling address is:

28722 Alessandria Cir. Bonita Springs FL 34135

### **ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

Retail clothing store

### **ARTICLE IV    SHARES**

The number of shares of stock is:

2000

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

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

John Rhoden - President/CEO  
28722 Alessandria Cir.  
Bonita Springs FL 34135

Shannon Rhoden - Vice President  
28722 Alessandria Cir.  
Bonita Springs FL 34135

### **ARTICLE VI    REGISTERED AGENT**

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

John Rhoden  
28722 Alessandria Cir.  
Bonita Springs FL 34135

### **ARTICLE VII    INCORPORATOR**

The name and address of the Incorporator is:

John Rhoden  
28722 Alessandria Cir.  
Bonita Springs FL 34135


\*\*\*\*\*

*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*

 John Rhoden  
Signature/Registered Agent

5-9-06

Date

 John Rhoden  
Signature/Incorporator

5-9-06

Date

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2006 MAY 11 P 3:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA