

P 06 000129022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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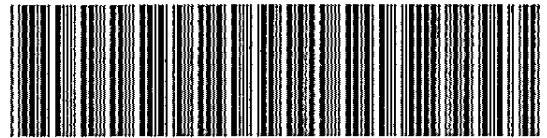
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06 OCT 10 PM 2:55
J. Shivers

J. Shivers OCT 10 2006

COVER LETTER

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

SUBJECT: Bella Adore Corp.
(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: Jaqueline Nepola
Name (Printed or typed)

16284 NW 24th ST
Address

Pembroke Pines FL 33028
City, State & Zip

954-442-7923
Daytime Telephone number

RECEIVED
TALLAHASSEE, FLORIDA

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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:

Bella Adore Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

16284 NW 24th St Pembroke Pines FL 3302

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Corporate recruiting

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Jacqueline Nepola - President
16284 NW 24th St
Pembroke Pines FL 33023

ARTICLE VI REGISTERED AGENT

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

Justin Nepola esq.
16284 NW 24th St
Pembroke Pines FL 33028

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jacqueline Nepola
16284 NW 24th St
Pembroke Pines FL 33028

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

Date

Date

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TALLAHASSEE, FLORIDA