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(Requestor's Name)		
(Address)		
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETAR L OF STÂTE TALLAHASSEE, FLORIDA

J. Shivers SEP 29 700

COVER LETTER

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

SUBJECT:	BellaDerm, In	C ATE NAME – <u>MUST INC</u> I	LUDE SUFFIX)		
Enclosed are an orig	ginal and one (1) copy of the arti				
\$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:	BellaDer Name	rm, Inc (Printed or typed)			
	8146 Robalo Drive	Address	"ALLAHA!	ZOOR SEP 29	
	Orlando, FL 32825	, State & Zip	SSEE, FLO	PH	- CENTRAL PROPERTY OF THE PROP
	(407) 704-4452	Telephone number	ORDA	2:47	
	Daymine	r erepriorie 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:

BellaDerm, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

8146 Robalo Drive Orlando, FL 32825

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Starting a new business on selling botanical skin care products

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):

Betty Grullon 109 Menore

109 Menores Avenue #3 Coral Gables, FL 33134 - Director

Doramir Martinez

8146 Robalo Drive Orlando, Fl 32825 - Director

ARTICLE VI REGISTERED AGENT

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

Doramir Martinez 8146 Robalo Drive Orlando, FI 32825

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Doramir Martinez 8146 Robalo Drive Orlando, Fl 32825

2008 SEP 29 PH 2: 48
SECRETARY DESCRIPTION OF TALLAHARSEE DESCRIPTION OF TA

************	***********
Having been named as registered agent to accept service of process for to certificate, I am familiar with and accept the appointment as registered age	he above stated corporation at the place designated in this nt and agree to act in this capacity
Martine	September 25, 2008
Signature/Registered Agent	Date
() Weekense	September 25, 2008
Signature/Incorporator	Date