

PO9000054157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

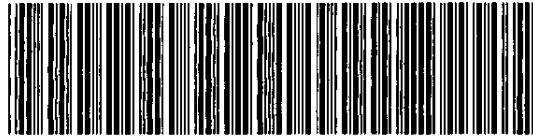
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09 JUN 22 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

TRANSMITTAL LETTER

19 June 2009

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: **Belleair Designs, Inc.**

Enclosed is an original (and one (1) copy*) of the articles of incorporation of the above referenced entity and an check for:

_____ \$70.00 Filing Fee

_____ \$122.50 Filing Fee & Cert. Copy*

_____ \$78.75 Filing Fee & Certificate

_____ \$131.25 Filing Fee, Cert. Copy & Certificate*

**Additional Copy of Articles Required*

Thank you in advance for your cooperation in this matter. Please address all correspondence and questions to:

Wendy Arnott
1717 Meredith Lane
Belleair, FL 33756
Tele. 727-504-5354

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation shall be:

Belleair Designs, Inc.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1717 Meredith Lane Belleair, FI 33756

ARTICLE III: SHARES

The number of shares of stock authorized to be outstanding at one time is:

1,000

ARTICLE IV: INITIAL REGISTERED AGENT AND STREET ADDRESS

Wendy Arnott 1717 Meredith Lane Belleair, FI 33756

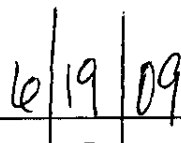
ARTICLE V: INCORPORATOR

Wendy Arnott 1717 Meredith Lane Belleair, FI 33756

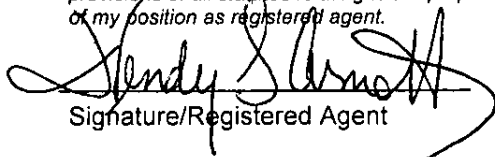
ARTICLE VI: EFFECTIVE DATE

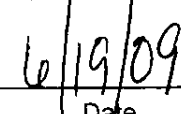
The effective date of these filings shall be: **Upon Receipt**


Signature/Incorporator


Date

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Signature/Registered Agent


Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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