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(Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Business Entry Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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## **COVER LETTER**

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

SUBJECT:	Isabella's Retreat, Inc.				
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE 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  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED		
FROM:	Katrina Torba Name (Printed or typed)				
	8380 Indian Wells Way			22	<u>⊆</u>
	Address Naples, Florida 34113			2010 HAR -	SECRETA VISION OF
	City, State & Zip				
	813.918.2275  Daytime Telephone number			PH 1: 49	SPORATH SPORATH
	JimTorba@gmail.com E-mail address: (to be used for future annual report notification)			6	A STATE OF THE STA

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) SECRETARY OF STATE DIVISION OF CORPORATIOS ARTICLE I NAME 2010 MAR - 1 PM 1:49 The name of the corporation shall be: Isabella's Retreat, Inc. ARTICLE II PRINCIPAL OFFICE The principal **street** address and mailing address, if different is: 8380 Indian Wells War Magres, Florda 34113 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Any and all lawful business. ARTICLE IV SHARES The number of shares of stock is: INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Jouridant, M, Sec.) Maples, Frenda REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: 280 Indian Wills Way SILVE Sbird , RUGGELA ARTICLE VII INCORPORATOR The name and address of the Incorporator is: 3380 Indian Wells Way 127125, Florida 34113

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate. Fam familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator

Date