

P1/000064575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

MARCIA TEIXEIRA GAVE

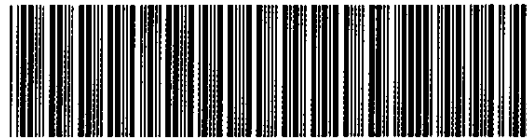
AUTHORIZATION BY PHONE TO

CORRECT ARTICLE I & Article IV

DATE 7-19-11

DOC. EXAM. S. Collins

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07/15/11--01037--001 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 JUL 15 PM 2:30

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SC
7-19-11

COVER LETTER

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

SUBJECT: BELA SERVICES 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: MARCIA TEIXEIRA
Name (Printed or typed)

1019 GROVE PARK CIRCLE
Address

BOYNTON BEACH - FL 33436
City, State & Zip

561-901-2538
Daytime Telephone number

MARCIA@BRAZILIANKERATIN.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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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: BELA SERVICES CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1019 GROVE PARK CIRCLE
BOYNTON BEACH - FL
33436

Mailing address, if different is:
125 N. CONGRESS AVE, STE 17
DELRAY BEACH - FL
33445

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HAND MAN SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARCIA TEIXEIRA PRESIDENT
Address: 1019 GROVE PARK CIRCLE
BOYNTON BEACH - FL
33436

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: MARCIA TEIXEIRA
Address: 1019 GROVE PARK CR
BOYNTON BEACH - FL 33436

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: MARCIA TEIXEIRA
Address: 1019 GROVE PARK CIRCLE
BOYNTON BEACH - FL 33436

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

X Marcia Teixeira
Required Signature/Registered Agent

7/13/11
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

X Marcia Teixeira
Required Signature/Incorporator

7/13/11
Date

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FLORIDA