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SECRETARY OF STATE
BIVISION OF CORPORATIONS

Ps 8/14/12

COVER LETTER

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

SUBJECT: Bella creation	Pavers Inc. ATE NAME - MUST INCLUDE SUFFIX)
(PROPOSED CORPORA Enclosed are an original and one (1) copy of the art	
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
	ADDITIONAL COFT REQUIRED
FROM: Confer Nam	DaSilva te (Printed or typed)
6379 Panc	Address
Pinouas Po	212, FC 33781 7, State & Zip
813 - 477 Daytime	_9a3a Telephone number
1	laurs Q yohoo. Com ed for future annual report notification)

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)

4379 Park Blud P.O. Box 3088	ARTICLE II	PRINCIPAL OFFICE	Mailing address	National dates of different in	
Progress Fack, F. 33781 Progress Fack, F. 337	L	Principal street address	Maning address	8, 11 dillereni 18; 60k, 3088	
THE purpose for which the corporation is organized is: INSTICLE IV SHARES THE POOLING STATES OF VALUE \$0.01 RETICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address: PICULAS PARE (5000) Name and Title: Address: Name: Address: Address: Name: Address: Add	_ _	Pinellas Park, Ft 33781			
RTICLE V SHARES he number of shares of stock is: 1,500 Common Stares for Value \$0.01 RTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Contlet QS/V/Q feedoot Address: Addre	RTICLE III P	PURPOSE			
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Name and Title: Name and Title: Name and Title: Properties	Name and Titl	le:	Name and Title	IZ IVISE	
Name and Title: Address: Address: RTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Sentit Casha Address: Landress: Landress: RTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: Landress:				<u> </u>	
Name and Title: Address: Name and Title: Address:					
RTICLE VI REGISTERED AGENT the name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name:					
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RETICLE VI REGISTERED AGENT the name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: OCHUR OSIVA. Address: RETICLE VII INCORPORATOR the name and address of the Incorporator is: Name: Address: OSA FOIL BUILD Required Signature/Registered Agent Submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in					
he name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: 600 for 03 1/2. Address: 639 fack 600 for 83781 Address: 639 fack 600 for 83781 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: 600 for 03 1/2 Name: 600 for 03 1/2 Address: 639 fack 800 for 800 f					
Name: 69 19 0 19 0 19 0 19 0 19 0 19 0 19 0 1					
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The name and address of the Incorporator is: Name: Address: SAP FOICE BY O		FINDUGS PONK, FL 3379	<u>,1</u>		
he name and address of the Incorporator is: Name: Address: Address	RTICLE VII	INCORPORATOR			
Address: C379 Care Byrology FC 3378 Saving been named as registered agent to accept service of process for the above stated corporation at the place designated his certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity S O O Required Signature/Registered Agent Date Submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in		ess of the Incorporator is:			
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Solution					
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