

P13 000020677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

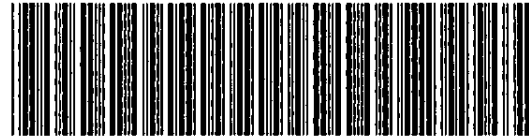
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 MAR -4 PM 4:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: Bela Vista Painting Co.

(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: Fabio Tarcinale

Name (Printed or typed)

4722 N.W. 120th Way

Address

Coral Springs, FL 33076

City, State & Zip

954-849-7276

Daytime Telephone number

bongues@live.com

E-mail address: (to be used 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)

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ARTICLE I NAME

The name of the corporation shall be: Bela Vista Painting Co.

13 MAR -4 PM 4:03

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address

SECRETARY OF STATE
TALLAHASSEE FLORIDA

4722 N.W. 120th Way

Coral Springs, FL 33076

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provided and install all types of commercial, residential and industrial painting and coatings services and systems.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Fabio Tarcinale - Director

Name and Title: _____

Address

4722 N.W. 120th Way

Address: _____

Coral Springs, FL 33076

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

(cont.)
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Name and Title: _____	Name and Title: 13 MAR -4 PM 4: 03
Address: _____	Address: SECRETARY OF STATE
_____	TALLAHASSEE FLORIDA
_____	_____

ARTICLE VI REGISTERED AGENT

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

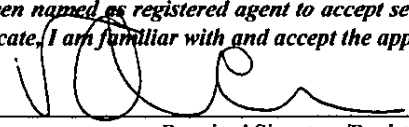
Name: Fabio Tarcinale
Address: 4722 N.W. 120th Way
Coral Springs, FL 33076

ARTICLE VII INCORPORATOR

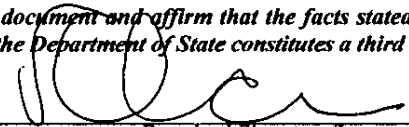
The name and address of the Incorporator is:

Name: Fabio Tarcinale
Address: 4722 N.W 120th Way
Coral Springs, FL 33076

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

 _____ Required Signature/Registered Agent	<u>2/28/13</u> Date
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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.

 _____ Required Signature/Incorporator	<u>2/28/13</u> Date
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