

P/30000 862 88

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

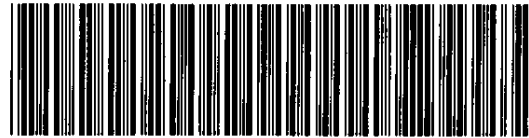
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600252099296

10/21/13--01048--014 \*\*10.00

13 OCT 21 PM 2:49  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 22-13

**COVER LETTER**

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

**SUBJECT:** Belle ARVIE Inc  
(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:** Summer Guidry-Stan  
Name (Printed or typed)  
11775 Ft Caroline Rd  
Address  
Jacksonville FL 32225  
City, State & Zip  
904-945-9095  
Daytime Telephone number  
telenawjason@gmail.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)

RECEIVED  
13 OCT 21 PM 2:49  
CLERK OF SUPERIOR COURT  
STATE OF FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be: Belle ARVIE Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

11775 Ft Caroline Rd

Jacksonville FL 32225

Mailing address, if different is:

8919 Lopez Court

Jacksonville FL 32216

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Retail Sales

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Summer Guidry-Stan Pres

Address: 11775 Ft Caroline Rd  
Jacksonville FL 32225

Name and Title: Telena Wallace VP

Address: 8919 Lopez Ct  
Jacksonville FL 32216

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

(conti.)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Telena Wallace  
Address: 8919 Lopez Ct  
Jacksonville FL 32216

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Summer Guidry-Stan  
Address: 11775 Ft Caroline  
Jacksonville FL 32225

*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*

Telena Wallace 10/16/13  
Required Signature/Registered Agent 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.*

Summer Guidry-Stan 10/16/13  
Required Signature/Incorporator Date