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COVER LETTER

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

SUBJECT:	AMORE BLIN (PROPOSED CORPORATE		JDE SUFFIX)		
Enclosed are an	original and one (1) copy of the articl				
□ \$70.0 Filing Fe	0 🗖 \$78.75	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
FROM:	Frazier R. Gardella	Printed or typed)	· .		
	947 Central Avenue)			سده سر
Address				13 NOV 18	
Naples, Florida 34102					
City, State & Zip 239-449-8420			8 PH 3:	SOR SOL	
	Daytime Tele fgardella1@gmail.com	ephone number		: 09	ATIONS
•	E-mail address: (to be used f	or future annual report r	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)

TICLE I NAME	mpliance with Chapter 607 and/or C	SECRETARY OF STATE DS, INC. DIVIS HITE JORPONATION
name of the corporation shall be:	AMORE BLIN	DS, INC. PIVIS WITE JORPON ATTO
TICLE II PRINCIPAL O. Principal st		13 NOV 18 PM 3: 09 Mailing address, if different is:
17 Central Avenue	tti uuuless	g usu soo, n unioson ie
aples, Florida 3410	2	
	on is organized is:and all lawful business	3
TICLE IV SHARES	1 000	
TICLE IV SHARES number of shares of stock is:	1,000	_
number of shares of stock is:	1,000 CERS AND/OR DIRECTORS	_
number of shares of stock is:	CERS AND/OR DIRECTORS	 ume and Title:
number of shares of stock is: TICLE V INITIAL OFFI Name and Title:	CERS AND/OR DIRECTORS Na	
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Name and	Title:	Name and Title:
Address		Address:
	REGISTERED AGENT rida street address (P.O. Box NOT acceptable) o	Cthe registered agent is:
Name:	Frazier R. Gardella	the registered agent is.
Address:	947 Central Avenue	· -
	Naples, Florida 34102	-
ARTICLE VII	INCORPORATOR	
The name and add	dress of the Incorporator is:	
Name:	Frazier R. Gardella	_
Address:	947 Central Avenue	-
	Naples, Florida 34102	-
	ed as registered agent to accept service of process of familiar with and accept the appointment as reg	for the above stated corporation at the place designated in sistered agent and agree to act in this capacity
+ Ja	radle	<u> </u>
	Required Signature/Registered Agent	Date
	ment and affirm that the facts stated herein are epartment of State constitutes a third degree felon	true. I am aware that the false information submitted in a sy as provided for in s.817.155, F.S.
+ #	mella_ Required Signature/Incorporator	11.13.13 Date

NVIEWELLEN Y OF STATE CORPORATIONS