

P14000082172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

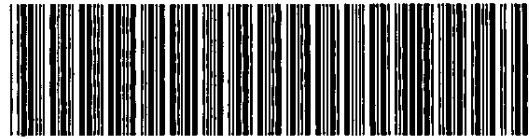
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/06/14--01013--001 **70.00

FILED
14 OCT -6 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J 10/7/14

COVER LETTER

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

SUBJECT: LA CASA BELLA 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: EDWARD E. MANFREDI
Name (Printed or typed)
3313 MILLWOOD WAY
Address
ST. AUGUSTINE FL 32086
City, State & Zip
904-770-2353
Daytime Telephone number
EDEMANNFREDI@gmail.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 OCT -6 PM 4: 29

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be:

LA CASA BELLA, INC

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Principal street address

Mailing address, if different is:

3313 MILLWOOD WAY
ST AUGUSTINE
FL 32082

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The purpose for which the corporation is organized is:

INTERIOR DESIGN + RELATED SERVICES + PRODUCTS

The number of shares of stock is:

100

Name and Title: EDWARD E MANFRE Name and Title:

Address 3313 MILLWOOD Way
St. AUGUSTINE
FL 32086

LORRAINE A. MANFRED
 Name and Title:

Address 3313 MILLWOOD WAY
ST AUGUSTINE
FL 32086

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Gmail - [wvwj]: update #2 for Friday

UP
+ SEC'y

(801) 733-4190

$\frac{d}{dt} \left(\frac{1}{\rho} \right) = - \frac{1}{\rho^2} \frac{d\rho}{dt}$

(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: EDWARD E MANFREDI
Address: 3313 MILLWOOD WAY
ST. AUGUSTINE FL 32086

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: EDWARD E MANFREDI
Address: 3313 MILLWOOD WAY
ST. AUGUSTINE, FL 32086

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

Edward E Manfredi
Required Signature Registered Agent

9-30-14
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.

Edward E Manfredi
Required Signature Incorporator

9-30-14
Date

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TALLAHASSEE, FLORIDA