# Florida Department of State

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# FLORIDA PROFIT/NON PROFIT CORPORATION

Bella Pink Sprinkles, Inc.

Certificate of Status	
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

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#### ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be:

Bella Pink Sprinkles, Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1063 SW Alcantarra Boulevard Port St. Lucie, FL 34953

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time

1.500 Shares at No Par Value

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Doreen Russo 1063 SW Alcantarra Boulevard Port St. Lucie, FL 34953

Prepared By: Bruce B. Hubbard 77 East John St. Hicksville, New York 11801 1-516-935-3940 ESS

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## ARTICLE V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

Doreen Russo - President/Director 1063 SW Alcantarra Boulevard, Port St. Lucie, FL 34953

## ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Doreen Russo 1063 SW Alcantarra Boulevard, Port St. Lucie, FL 34953

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

26th day of January 20 15

Doreen Russo Signature

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# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LA WS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: <b>Be</b>	ella Pink Sprinkles, Inc.
2. The name and address of the registere	d agent and office is:
	Doreen Russo
	Name
	1063 SW Alcantarra Boulevard
	(P.O. Box or Mail Drop Box NOT Acceptable)
	Port St. Lucie, FL 34953
	(City / State / Zip)
corporation at the place designated in agent and agree to act in this capacity	ent and to accept service of process for the above stated in this vertificate, I hereby accept the appointment as registered by I further agree to comply with the provisions of all the statutes erformance of my duties, and am familiar with and accept the ed agent.
Doreen Russo SIGNATURE	01/26/2015 (Date)