

P 15000038498

(Requestor's Name)

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(Address)

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☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

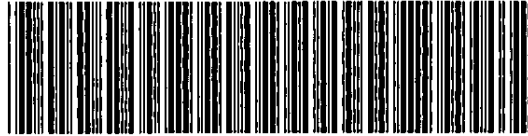
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15 APR 23 PM 4: 27
CLERK OF STATE
TALLAHASSEE, FLORIDA

15
4/29/15

COVER LETTER

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

SUBJECT: The Bella Rose Academy, 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: Tikisha Fields

Name (Printed or typed)

602 Tower Rd Peachtree

Address

Atlanta, Ga 30269

City, State & Zip

941-822-5128

Daytime Telephone number

phylmays@gmail.com

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 APR 23 PM 4: 27

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 21, 2015

TIKISHA FIELDS
602 TOWER ROAD PEACHTREE
ATLANTA, GA 30269

SUBJECT: THE BELLA ROSE ACADEMY, INC
Ref. Number: W15000025500

We have received your document for THE BELLA ROSE ACADEMY, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 315A00007982

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 13, 2015

TIKISHA FIELDS
602 TOWER ROAD PEACHTREE
ATLANTA, GA 30269

SUBJECT: THE BELLA ROSE ACADEMY, INC
Ref. Number: W15000025500

We have received your document for THE BELLA ROSE ACADEMY, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please correct the vice president, registered agent and the incorporators name.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 815A00007267

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be: The Bella Rose Academy, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

602 Tower Rd Peachtree
Atlanta, Ga 30269

Mailing address, if different is:

306 40th St Cir West
Palmetto, Fl 34221A

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A Childcare Center

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tikisha Fields -P

Name and Title: _____

Address 602 Tower Rd Peachtree
Atlanta, Ga 30269

Address: _____

Name and Title: Terri Curry-Wiggins - V/P

Name and Title: _____

Address 2012 1st Av East
Palmetto, Fl 34221

Address: _____

Name and Title: Tiffany Mays - Sec.

Name and Title: _____

Address 3810 5th St. East
Apt. 525
Bradenton, Fl 34208

Address: _____

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SECRETARY OF STATE
PALMETTO, FLORIDA

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: Phyllis Mays
Address: 306 40th St. Cir. West
Palmetto, Fl 34221

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Phyllis Mays
Address: 306 40th St. Cir. West
Palmetto, Fl 34221

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

Phyllis Mays
Required Signature/Registered Agent

4/21/15
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.

Phyllis Mays
Required Signature/Incorporator

4/21/15
Date

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TALLAHASSEE, FLORIDA