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(Requestor's Name)

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(City/State/Zip/Phone #)

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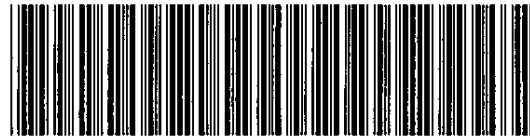
(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
COLUMBIA, MISSISSIPPI

8/11/15

COVER LETTER

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

SUBJECT: RNM BELLA DONNA 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: RENEE MORRISON

Name (Printed or typed)

P.O BOX 10472

Address

RIVIERA BEACH, FL 33419

City, State & Zip

5617296299

Daytime Telephone number

RNMBELLADONNA@GMAIL.COM

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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)

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ARTICLE I NAME RNM BELLA DONNA INC.
The name of the corporation shall be:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE
Principal street address

Mailing address, if different is:

1227 ABACO LANE

P.O BOX 10472

RIVIERA BEACH FL 33404

RIVIERA BEACH FL 33419

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO OFFER THE HIGHEST QUALITY OF VIRGIN
HAIR EXTENSIONS IN THE MARKET.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RENEE MORRISON/PRESIDENT

Name and Title: _____

Address 1227 ABACO LANE

Address: _____

RIVIERA BEACH FL 33404

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: RENEE MORRISON
Address: 1227 ABACO LANE
RIVIERA BEACH, FL 33404

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: RENEE MORRISON
Address: 1227 ABACO LANE
RIVIERA BEACH FL 33404

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Required Signature/Registered Agent

7-31-2015

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.

Required Signature/Incorporator

7-31-2015

Date