

P17000026171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

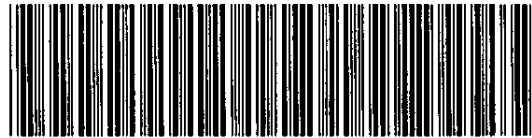
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700296394357

03/22/17--01010--018 **78.75

FILED
17 MAR 22 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03/23/17

COVER LETTER

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

SUBJECT: BLOOMING BELLES, 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: ANGELA CAMPBELL

Name (Printed or typed)

33 N.E. AVE H

Address

BELLE GLADE, FL 33430

City, State & Zip

561-261-0856

Daytime Telephone number

bloomingbelles2@gmail.com

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

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

3/20/17

Re: P15000045606

To whom it may concern:

I, Angela Campbell, am the owner of the previous dissolved Doc# P15000045606 company Blooming Belles, Inc.. We do not plan to reinstate our inactive account and we would like to use the same name with the current attached application.

Thank you,



Angela Campbell

Blooming Belles, Inc. Owner

FILED
17 MAR 22 PM 2:52
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: BLOOMING BELLES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1040 NORTH MAIN STREET

BELLE GLADE, FL 33430

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFUL BUSINESS

FILED
17 MAR 22 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANGELA CAMPBELL - PRES

Name and Title: INGRID RHODES - SEC/TRES

Address 33 N.E. AVE H

Address: 200 N.E. 3RD ST

BELLE GLADE, FL 33430

BELLE GLADE, FL 33430

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: ANGELA CAMPBELL
Address: 33 N.E. AVE H
BELLE GLADE, FL 33430

FILED
17 MAR 22 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: ANGELA CAMPBELL
Address: 33 N.E. AVE H
BELLE GLADE, FL 33430

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 days prior or 90 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

Angela Campbell
Required Signature/Registered Agent

3/20/17
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.

Angela Campbell
Required Signature/Incorporator

3/20/17
Date