To: 18506176381 From: 12143052508 Date: 06/22/18 Time: 9:33 AM Page: 01/03

6/22/2018

Division of Corporations

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Division of Corporations

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From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : 120180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

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FLORIDA PROFIT/NON PROFIT CORPORATION ANIMA BELLA, CORP

	PH 1:35	PPCPATIONS SHERCIAL SERVICES
RECA	2018 JUN 22	N OSPANION

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME The name of the corpora	tion shall be: ANIMA BELL	A, CORP	
ARTICLE II PRINC			ess, if different is:
9250 W. BAY HARBO	OR DRIVE APT 7-D	9250 W. BAY HARE	BOR DRIVE APT 7-D
BAY HARBOR ISLAN	IDS FL 33154	BAY HARBOR ISLA	NDS FL 33154
ARTICLE III PURPO The purpose for which to STATE OF FLORIDA		AL BUSINESS / ACTIVITY P	
			2018 7018
ARTICLE V INITIA	AL OFFICERS AND/OR DIRECTORS		JUN 22 AM 9: 4: REPARY OF STATE AHASSEE FLORIB
Name and Title Address	0250 W. Pay harbor Drive. Ant 7 D	Name and Title: Address:	
	Bey Herbor Islands FI. 33154		
Name and Title		Name and Title:	
Address			
Name and Title		Name and Title:	
Address		Address:	

To: 18506176381 From: 12143052508 Date: 06/22/18 Time: 9:33 AM Page: 03/03

· (((H18000186270 3)))

Name and Title:		Name and Title:		
Address		Address:		
41-1-21-1-1				
	<u>REGISTERED AGENT</u> <u>orida street address</u> (P.O. Box NOT acceptable)	of the registered opent is:		
Name:	MARIA V. MARCHETTI	or the registeren agent is.		
Address:	9250 W. Bay Harbor Drive Apt 7-D			
	Bay Harbor Islands FL 33154	. _		
ARTICLE VII	<u>INÇORPORATOR</u>			
The name and ad	dress of the Incorporator is:			
Name:	MARIA V. MARCHETTI	_		
Address:	9250 W. Bay Harbor Drive Apt 7-D	_		
	Bay Harbor Islands FL 33154	_		
Effective date, if o	EFFECTIVE DATE: 06/13/2018 other than the date of filing: ute is listed, the date must be specific and cann	(OPTIONAL) nt be more than five days prior or 90 days after the		
Note: If the date the document's ef	inserted in this block does not meet the applicable fective date on the Department of State's records.	e statutory filing requirements, this date will not be listed as		
Having been num this certificate, I a	cd as registered agent to accept service of proces m familiay with and accept the appointment as re	s for the above stated corporation at the place designated in gistered agent and ugree to act in this capacity		
	by AT	06/13/2018		
··· - •	Required Signature/Registered Agent	Date		
I submit this docu document to the D	ment and affirm that the facts stated herein are epartment of State constitutes a third degree felor	true. I am aware that the false information submitted in a may as provided for in s.817.155, F.S.		
	util	06/13/2018		
Require	ed Signatus Incorporator	Date		