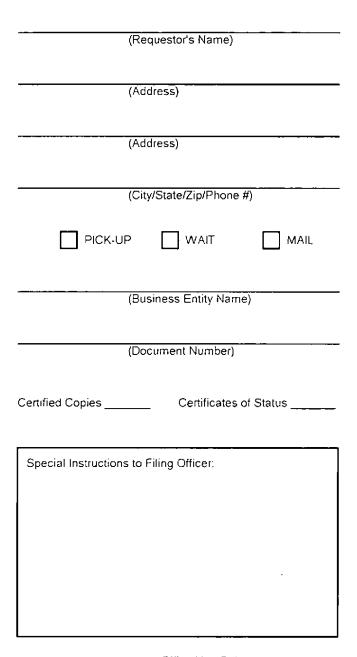
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Office Use Only



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SECRETARY OF STATE

JUN 25 2019

Brumbley

	ÓRPORATE *ACCESS;	When you	need ACCESS to the world		
INC. 236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666 WALK IN					
	CERTIFIED (СОРУ			
Д	РНОТОСОР	·			
	CUS				
X	FILING				
	Bellad (CORPORATE NAME A	y Wall Con	Jnc.		
-	(CORPORATE NAME A	ND DOCUMENT #)			
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	(CORPORATE NAME A	ND DOCUMENT#)			
-	(CORPORATE NAME A	ND DOCUMENT #)			
CIAL	. INSTRUCTIONS:				

COVER LETTER

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

SUBJECT: Belladrywall.com 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	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED						
FROM: Rama Payne									
Name (Printed or typed)									
3921 Bald Eagle Ln									
Address									
Jacksonville, FL, 32257									
City, State & Zip									
904-292-0606									
Daytime Telephone number									

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

Ramacpayne@gmail.com

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

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

The name of the corpor	ration shall be: Belladrywall.co	om Inc		
12208 Hero	INCIPAL OFFICE Principal street address Onsford Ln	Mailing address, if different is:		
Jacksonville	e, FL 32258			
ARTICLE III PUI The purpose for which	RPOSE the corporation is organized is:	ruction		
			20 SI TAL	
ARTICLE IV SHA	ARES 100		ZUI9 JUN 24 SECRETARY ALLAHASSEE	
ARTICLE V INI	TIAL OFFICERS AND/OR DIRECTO	<u>RS</u>	PH 2: 10 OF STATE OF LORIDA	
Name and Title	Rama Payne –₽	Name and Title:	401 310	
Address	3921 Bald Eagle Ln	Address:		
	Jacksonville, FL 32258			
N. 1707.1				
Address				
Address				
	-			
Name and Title:		Name and Title:		
Address		Address:		
		<u></u> .		

Name and Title:		Name and Title:		
Address	A	address:		
ARTICLE VI	REGISTERED AGENT			
	orida street address (P.O. Box NOT acceptable) of the	registered agent is:		
Name:	Rama Payne	Toganierou agont in		
Address:	3921 Bald Eagle Ln			
	Jacksonville, FL 32257			
ARTICLE VII	INCORPORATOR			
The <u>name</u> and add	<u>fress</u> of the Incorporator is:			
Name:	Rama Payne			
Address:	3921 Bald Eagle Ln			
	Jacksonville, FL 32257			
Having been name his certificate, I at	ed as registered agent to accept service of process for n familiar with and accept the appointment as register	the above stated corporation at the place designated in ed agent and agree to act in this capacity		
		06/24/2019		
	Required Signature/Registered Agent	Date		
submit this document to the De	ment and affirm that the facts stated herein are true. epartment of State constitutes a third degree felony as p	I am aware that the false information submitted in a provided for in s.817.155, F.S.		
	c	06/24/2019		
·	Required Signature/Incorporator	Date		