

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : CAPITOL SERVICES, INC.
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Phone : (855)498-5500
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
BELLA 2906, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

FEB 19 2020

T. SCOTT

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COVER LETTER

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

SUBJECT: BELLA 2906, 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: HOWARD B. NADEL, P.A.

Name (Printed or typed)

301 W. HALLANDALE BEACH BLVD.

Address

HALLANDALE BEACH, FLORIDA 33009

City, State & Zip

(954) 455-5100

Daytime Telephone number

hnadel@mflaw.com

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

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

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: BELLA 2906, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

6000 Island Blvd., Unit 1505Aventura, Florida 33160**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

To engage in any and all lawful business permitted under the laws of the United States and the State of Florida.

ARTICLE IV SHARESThe number of shares of stock is: 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: LEON RUBEN, PresidentAddress: 6000 Island Blvd., Unit 1505
Aventura, Florida 33160Name and Title: LEON RUBEN, SecretaryAddress: 6000 Island Blvd., Unit 1505
Aventura, Florida 33160Name and Title: DIANA SUTTON, Vice PresidentAddress: 6000 Island Blvd., Unit 1505
Aventura, Florida 33160Name and Title: LEON RUBEN, TreasurerAddress: 6000 Island Blvd., Unit 1505
Aventura, Florida 33160

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

2020 FEB 18 PM 10:15

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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: HOWARD B. NADEL, P.A.
Address: 301 W. HALLANDALE BEACH BLVD.
HALLANDALE BEACH, FLORIDA 33009

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: HOWARD B. NADEL, P.A.
Address: 301 W. HALLANDALE BEACH BLVD.
HALLANDALE BEACH, FLORIDA 33009

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

Required Signature/Registered Agent

2-18-2020
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

2-18-2020
Date

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