

# P21000101127

\_\_\_\_\_  
(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



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12/03/21--01002---008 \*\*78.75

FILED  
TALLAHASSEE, FLORIDA

2021 DEC -2 PM 4:43  
2021 DEC -2 AM 10:14  
SECOND, FRY OF STATE  
TALLAHASSEE, FL

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

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**

**PICK UP:** 12/2 DANNY

**CERTIFIED COPY**

**XX PHOTOCOPY**

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**XX FILING**

**1. BELLA FLOORS AND MORE, INC**

(CORPORATE NAME AND DOCUMENT #)

**2.**  
(CORPORATE NAME AND DOCUMENT #)

**3.**  
(CORPORATE NAME AND DOCUMENT #)

**4.**  
(CORPORATE NAME AND DOCUMENT #)

**5.**  
(CORPORATE NAME AND DOCUMENT #)

**6.**  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

## COVER LETTER

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

SUBJECT: Bella Floors and More, 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: Carroll W Stephens  
Name (Printed or typed)

12032 Old St. Augustine Rd  
Address

Jacksonville, Florida 32258  
City, State & Zip

(904) 290-0606  
Daytime Telephone number

wesleybella kb@gmail.com  
E-mail address: (to be used for future annual report notification)

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

FILED

ARTICLES OF INCORPORATION

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

2021 DEC -2 AM 10:14

ARTICLE I NAME

The name of the corporation shall be:

Bella Floors and More, Inc.

SECRETARY OF STATE  
TALLAHASSEE, FL

ARTICLE II PRINCIPAL OFFICE

Principal street address

12032 Old St. Augustine Road  
Jacksonville, Florida 32258

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is:

2,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carroll W Stephens - President

Name and Title:

Address

12032 Old St. Augustine Rd  
Jacksonville, Florida 32258

Address:

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: Carroll W Stephens  
Address: 12032 Old St. Augustine Rd.  
Jacksonville, Florida 32258

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jennifer L. Bragg  
Address: 21 Empress Lane  
Palm Coast, Florida 32164

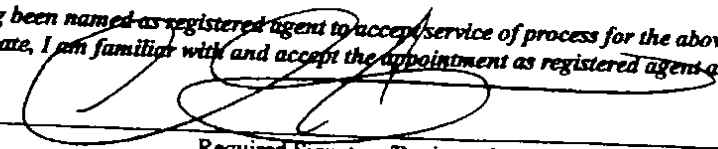
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: January 1, 2022 (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.)

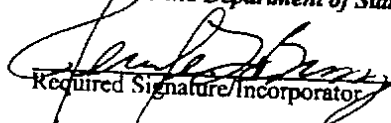
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

12-02-2021  
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

12/02/2021  
Date

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2021 DEC -2 AM 10:14  
DEPARTMENT OF STATE  
PALM BEACH, FL