

TRANSMITTAL LETTER

P 99000092460

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

600003016946--4
-10/18/99-01087-003
*****87.50 *****87.50

SUBJECT:

BELLBIZ-INC

(Proposed corporate name - must include suffix)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 OCT 18 AM 7:50

FILED

Enclosed is 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:

Brigitte Bell

Name (Printed or typed)

3619 Danforth Place

Address

Tampa, FL 33607

City, State & Zip

813-282-8862

Daytime Telephone number

F. CHESN OCT 21 1999

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

BELLBIZ. INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

3619 DANFORTH PLACE
TAMPA, FL 33607

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

JOE COLLERA
3333 W. Kennedy, Suite 101
TAMPA, FL 33609

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Brigitte BELL, KENNETH BELL
3619 Danforth Place
Tampa, FL 33607

Signature/Incorporator

10-14-99

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent

10-14-99

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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