POSSISSI 20636

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

SUBJECT: BMD REASER (Proposed corpor	Spartens ate name - must include su	Ive		*
	21	00003151 -02/29/000: *****87.50	182 1023 *****	——5 006 87.50
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:				
□ \$70.00 □ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
	ADDITIONAL CO	PYREQUIRED		
3151 Fax SQUA JACKSONVZULA City, S	HC 32073 State & Zip	SECRETARY OF STATE TALLAHASSEE, FLORIDA	00 FEB 29 AM 9: 01	APPROVED FILED
904 704 /2 Daytime Te NOTE: Please provide the original states and states are states a	lephone number	OO FEB 29 AN 8:58 (RVISION OF STATE TALL ANASSEE OF ORDER the articles.	ECEIVED	

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: BMO RAPAR SREVERS, ANC ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: P.O. BOX 440942 Squesed Pu. 32222 ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: BARBARA M. DRAVER 3151 FOX SQUARRA DASNA IGENSONIAUR FC. 32073 ARTICLE V INCORPORATOR The <u>name and address</u> of the incorporator to these Articles of Incorporation are: BARBARA M. DEGRER - PRESEDENT 3151 fox Soupeibl Papel 029-164 papel Pl 32073 Signature/Incorporator

(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

Bacian M Dearn.
Signature/Registered Agent

Date