(SAMPLE LETTER OF TRANSMITTAL)			
DATE 5-16-2000			
Plorida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Re: B.M.B. LowPANIES, Inc.			
500032708856 -05/30/0001128014 *****78.75 ******78.75			
Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$78.75			
This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.			
Very truly yours.			
Thomas Blankensh Dhomas Blankensh			
B. M. B COMPANIES INC (Name of Corporation)			
MAILING ADDRESS OF CORPORATION			
305 S.W. TULIP BLVD.			
PORT SAINT LUCIE, FL			
PORT SAINT LUCIE, FL 34953 561-201-4536 (561) 344-3228			
Area Code Number Ext.			

## ARTICLES OF INCORPORATION

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation: ARTICLE I - CORPORATE NAME The name of the corporation is: COMPANIES ARTICLE II - DURATION This corporation shall exist perpetually unless dissolved according to Florida law. ARTICLE III - PURPOSE The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida. ARTICLE IV - CAPITAL STOCK The corporation is authorized to issue \_\_\_\_\_shares of common stock, par value \$ \_\_\_\_ per share. ARTICLE V - INITIAL PRINCIPAL OFFICE The street address of the initial principal office and, if different, the mailing address is: STREET ADDRESS FLORIDA SAINT LUCIE Mailing address, if different STREET ADDRESS SAME ZIP FLORIDA CITY ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT The street address of the initial registered office and the name of the initial registered agent at the office is: AS BLANKENSHIP NAME ZIP **FLORIDA** 

## ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have	) directors initially. The numb -Laws, but shall never be less than one (1 follows:	er of directors may be ). The names and
NAME Thomas BLANKENSH	niρ	
ADDRESS 305 S.W. TULIP	BLVD	
CITY PORT SAINT LUCIE	STATE FLORIDA	ZIP 34953
NAME GARY MILLER		
	BLVD	
CITY PORT SAINT LUCIE	STATE FLORIDA	ZIP 34953
NAME DAVID BERGERON		
ADDRESS 1910 - C MAYFLOWER	RD	
CITY FORT PIERCE	STATE FL	ZIP 34950
	III - INCORPORATORS	
The names and addresses of the incorporators signing thes		:
	•	
NAME THOMAS BLANKEN		
ADDRESS 305 S.W. TUZIF	BLVD	ZIP ZUGKZ
CITY PORT SAINT LUCIE	STATE FLORIDA	Zir 54455
NAME GARY MILLER		
ADDRESS 305 S.W. TULIP B	blvp	
city Port Saint Lucie	STATE FLORIDA	ZIP 34953
NAME DAUID BERGERON		
ADDRESS 1910-C MAYFLOWER	RD	
CITY FORT PERCE	STATE FL	ZIP 34950
The undersigned incorporator(s) have executed thes	e Articles of Incorporation this	lle
day of	19 2000	
day of		· · · · · · · · · · · · · · · · · · ·
	Ochomas Blanken	(Signature)
		<u> </u>
	Care Milles	(Signature)
	00	•
	Stell for	(Signature)

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE



	B.M.B	COMPANIES	INC_
· · · · · · · · · · · · · · · · · · ·	(name of co	orporation)	

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 305 S.W. TULIP BLVD

PORT SAINT LUCIE FLORIDA 34953

has named Thomas BLANKENShip

located at the aforesaid address, as its registered agent to accept service of process within this state.

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.

Thomas Blankenshy (Signature)

5 - 16 - 2000 (Date)