

PO0000067536

Michael C. Becker & Co.

Certified Public Accountants

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June 26, 2000

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*****70.00 *****70.00

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

Dear Sir/Madam:

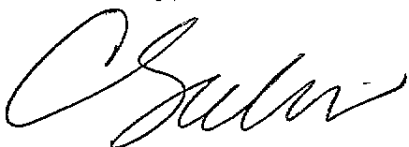
Subject: *BMBS, INC.*
~~BBS, Inc.~~

Enclosed please find the original and one (1) copy of the Articles of Incorporation and a check in the amount of \$70.00.

Also enclosed, is a stamped, self-addressed envelope so that you may return to me a confirmation of the filing.

Should you require any further information, please do not hesitate to contact me.

Sincerely,



Carolyn M. Becker, C.P.A.

CMB/vwp
Enc.

FILED
00 JUL 14 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

60-16678
PH 7/14/00 ✓



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 29, 2000

MICHAEL C. BECKER & CO.
CAROLYN M. BECKER, CPA
1897 PALM BEACH LAKES BLVD., STE. 210
WEST PALM BEACH, FL 33409

SUBJECT: BBS, INC.
Ref. Number: W00000016678

We have received your document for BBS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

If you have any further questions concerning your document, please call (850) 487-6929.

Shannon Thompson
Document Specialist

Letter Number: 600A00036856

ARTICLES OF INCORPORATION

OF

BMBS, INC.

FILED

00 JUL 14 PM 2: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: BMBS, Inc.

ARTICLE II - PRINCIPAL OFFICE

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

931 Village Blvd., Suite 905-402
W. Palm Beach, FL 33409

ARTICLE III - CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One thousand (\$1,000) and the par value is \$.01 per share.

ARTICLE IV - INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

David Jassenoff
931 Village Blvd., Suite 905-402
W. Palm Beach, FL 33409

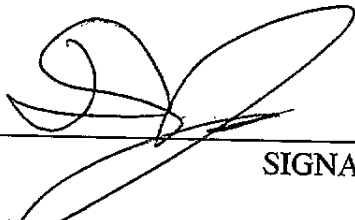
ARTICLE V - INCORPORATOR

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

David Jassenoff
931 Village Blvd., Suite 905-402
W. Palm Beach, FL 33409

The undersigned has executed these Articles of Incorporation

this 7th day of July, 20 00.



SIGNATURE

TITLE: Director

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

FILED

00 JUL 14 PM 2: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered agent/registered office, in the State of Florida.

1. The name of the corporation is: BMBS, Inc.
2. The name and address of the registered agent and office is:

David Jassenoff
1897 Palm Beach Lakes Blvd.
Suite 117
West Palm Beach, FL 33409

SIGNATURE: _____

(Corporate Officer)

TITLE: _____

DATE: _____

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: _____

DATE: _____

REGISTERED AGENT FILING FEE: \$35.00