## POIOOOII//89 AFFICUED

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 SECRETARY OF STATE
TALLAHASSEE, FLORIDA

•	BMA	TRE
SUBJECT:		700

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

800004690948---\$ -11/21/01--01036--012 \*\*\*\*\*78.75 \*\*\*\*\*\*78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

\$70.00

**\$78.75** 

Filing Fee

Filing Fee

& Certificate of Status

\$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: ANTHONY . ACAIN
Name (Printed or typed)

IVED
M 9: 52
OF STATE
RPORATIONS

1604 FLINT RIDGE Address

TALLAHASSEE, EL 323 City, State & Zip

850 - 567-206/ OELC Daytime Telephone number

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

C 11/21

ARTICLES OF INCORPORATION	7. G. (D.), (EA)	
In compliance with Chapter 607 and/or Chapter 621, I	C.S. (Profit)	
ARTICLE I NAME		
The name of the corporation shall be: BMA TRI	ENDS, INC.	The second of th
ARTICLE II PRINCIPAL OFFICE	I'm Thistop	IOCE CANE
The principal place of business/mailing address is: /	504 PLINI FI	DEL TILL
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is: /	ALLAHASSEE, 1	FL 323/2
ARTICLE III PURPOSE		_
The purpose for which the corporation is organized is	:	
- N/A-	· · · · .	
ARTICLE IV SHARES		<b>₹</b> % <sup>©</sup>
The number of shares of stock is: 1000	in a second of the second seco	
		THE THE PERSON OF THE PERSON O
ARTICLE V INITIAL OFFICERS/DIRECT	ORS (optional)	APPROVED AND FILED  NOV 21 AN ID: 0 ECRETARY OF STATI
The name(s), address(es) and title(s):		E 2 3 6 €
<del></del>		
·		
ARTICLE VI REGISTERED AGENT  The name and Florida street address of the registered	4	1 Deals
The name and Florida street address of the registere	ed agent is: ANTHONY	J. HCALD
	1604 FLIN	TRIDGE LANE
	THII ALLACC	EE, FC 323/2
	/1001117753E	= 1 PC 32512
ARTICLE VII INCORPORATOR		
The name and address of the Incorporator is:	ANTHONY J. AC 1604 FLINT RIDG	AIN
	1154 FLINT RIDG	e LANC
		m, 202/2
,	TALLAHASSEE, L	~C.3~>/ C.
**************************************	cess for the above stated corporation	at the place designated in this
certificate, I am familiar with and accept the appointment as re	sistered agent and agree to act in this	capacity
	· · · · · · · · · · · · · · · · · · ·	1/21/01
Cincoln Margatarad A cont	Date	1001
Signature/Registered Agent		/ /
////		1/2//2/

Signature/Incorporator