## TRANSMITTAL LETTER

## Department of State

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

SUBJECT:

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

**4** \$78.75

Filing Fee

\$87.50 Filing Fee,

& Certified Copy

Certified Copy

ADDITIONAL COPY REQUE

0-591-4874 Daytime Telephone number

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

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ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
ARTICLE I NAME The name of the corporation shall be: BMCA INC.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: P.O. Box 3174  Tallahassee Fl, 32315
ARTICLE III PURPOSE  The purpose for which the corporation is organized is: Insurance Adjusting
ARTICLE IV SHARES The number of shares of stock is: 2
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)  The name(s), address(es) and title(s):  The name(s), address(es) and title(s):
ARTICLE VI REGISTERED AGENT
The name and Florida street address of the registered agent is: Brian Moore 363 Remington Run Nay Tallahassee Fl. 32312
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:  Brian Moore 363 Reminator Run Way Tallahassee Fl. 32312
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity
Buau Moou  Signature/Registered Agent  Date
Buan Moon Signature/Incorporator Date