## TRANSMITTAL LETTER

## P02000088569

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

700007105367--5 -08/14/02--01032--004 \*\*\*\*\*70.00 \*\*\*\*\*\*70.00

SUBJECT:	BGH CONCEPTS, INC.  (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)			_
Enclosed are an orig	inal and one (1) copy of the arti			
Ø.\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:	HORACE C. GO Name:	(Printed or typed)		e de la companya de l
-	TAMPA, FL 33	Address	OZ AUG 14 SECHIARY	
-	813 289 9877	State & Zip  X 10 3 elephone number	PH 1: 18	7

 $\label{NOTE:Please provide the original and one copy of the articles.}$ 

BM 8/18

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: BGH GONCEPTS, INC.
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is: 311 N. NewPort Ave.  Suite 110  TAMPA, FL 33606
TAMPA, FL 33600  ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  ANY LAWFUL BUSINESS UNDER THE  LAWS OF THE STATE OF FLORIDA
ARTICLE IV SHARES  The number of shares of stock is: 1000
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:  HORACE C. GORDON, IV  311 N. NEWPORT AVE.  SUITE 110  TAMPA, FL 33606
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is: HORACE C. GORDON, IV  311 N. NEWPORT AVE.  SUITE 110  TAMPA, FL 33606  *********************************
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

8/8/02

Date

Signature/Incorporator
HORACE C. GORDON, TV