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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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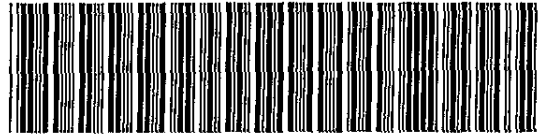
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
03 JUL 17 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓
1/1/03

TRANSMITTAL LETTER

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

SUBJECT: BUSINESS DESIGN ALTERNATIVES INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: SCOTT SEGAL
Name (Printed or typed)

19503 PRESIDENTIAL WAY
Address

NORTH MIAMI BEACH FL 33179
City, State & Zip

305-525-7676
Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME

The name of the corporation shall be:

BUSINESS DESIGN ALTERNATIVES INC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

**7481 W OAKLAND PARK BLVD
LAUDERHILL FL 33319**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

BUSINESS MANAGEMENT

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

**SCOTT SEGAL, PRESIDENT
19503 PRESIDENTIAL WAY
NORTH MIAMI BEACH FL 33179**

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

**THOMAS M. O'ROURKE CPA
7481 W OAKLAND PARK BLVD
LAUDERHILL FL 33319**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**SCOTT SEGAL
19503 PRESIDENTIAL WAY
NO MIAMI BEACH FL 33179**

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

 **C.P.A.**
Signature/Registered Agent

7/2/03

Date


Signature/Incorporator

7/2/03

Date