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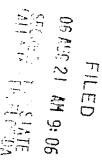
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COVER LETTER

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

SUBJECT:	B.M. MORAN, INC.			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the arti	icles of incorporation and	d a check for:	
S70.00 Filing Fee	\$\overline{x}\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED	
FROM:	BRENDAN MORAN Name	(Printed or typed)		. :
	2443 BLACKBEARD DRIV	E Address		· -
	JACKSONVILLE, FL 322	4 , State & Zip		garante la gran
	(904) 338-7160	lelenhoue number		ن المعتدد

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)

ARTICLE I NAME

The name of the corporation shall be:

B.M. MORAN, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2443 BLACKBEARD DRIVE JACKSONVILLE, FL 32224

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

WHOLESALES OF EQUIPMENT

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):

BRENDAN MORAN 2443 BLACKBEARD DRIVE JACKSONVILLE, FL 32224

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

BRENDAN MORAN 2443 BLACKBEARD DRIVE JACKSONVILLE, FL 32224

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

BRENDAN MORAN 2443 BLACKBEARD DRIVE JACKSONVILLE, FL 32224

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

Signature/Registered Agent

Signature/Incorporator

8/14/06

114/06

Date