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COVER LETTER

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

SUBJECT: BIPA	ı, Inc			
	(PROPOSED CORPORA	ΓΕ NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)	
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	l a check for:	
\$70.00 Filing Fee	₹78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM: BI	PA, Inc.			
Name (Printed or typed)				
	1923 Sika Deer	Address	· · · · · · · · · · · · · · · · · · ·	
	Tallahassee, Fl 32304	State & Zip		
;	850-921-2023	elephone number		
	Daytime To	elephone 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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SECRETARY OF STAIL TALLAHASSEE, FLORIDA

<u>ARTICLE I NAME</u>

The name of the corporation shall be:

BIPA, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1923 Sika Deer Tallahassee, FI 32304

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in legal business transactions, i.e the dispensing of food and non-alcoholic beverages.

ARTICLE IV SHARES

The number of shares of stock is:

10.000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Darlean Patterson, President

802 Annawood Drive Tallahassee, Fl 32305 Thomas C. Biondo Secretary/Treasurer

1923 Sika Deer

Tallahassee, Fl 32304

ARTICLE VI REGISTERED AGENT

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

Thomas C. Biondo 1923 Sika Deer Tallahassee, Fl 32304

ARTICLE VII INCORPORATOR

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

Thomas C. Biondo 1923 Sika Deer Tallahassee, Fl 32304

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 Jamiliar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator

Date '

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