PD7000089383

-	(Requestor's Name)		
	(Address)		
,	(Address)		
	(City/State/Zip/Phone #)		
PICK-U	P / WAIT	MAIL	
	(Business Entity Name)		
(Document Number)			
Certified Copies	Certificates of S	Status	
Special Instructions to Filing Officer:			



000080412530

10/05/06-01009-005 **87.50

07 AUG -8 PM 4: 13

243948

wo7-30813

Office Use Only

MD 8/8

TRANSMITTAL LETTER

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

SUBJECT:	TELLY bean two.		.
	(PROPOSED CORPORAT	'E NAME – <u>MUST INCL</u> 1	UDE SUFFIX)
		,	,
Enclosed are an orig	inal and one (1) copy of the artic	les of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
FROM:	Name (5901 COLLEC Key WEST F City, S (305) 809 -	E ROAD ddress -L 33040 State & Zip	

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



October 6, 2006

GREG BAUMANN 5901 COLLEGE ROAD CAMPUS CAFE KEY WEST, FL 33040

SUBJECT: JELLYBEAN INC. Ref. Number: W06000043942

We have received your document for JELLYBEAN INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6972.

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

Doris Brown Document Specialist New Filing Section

Letter Number: 506A00059371

TRANSMITTAL LETTER

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

SUBJECT: BGM INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)		
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	a check for:		
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM:	BGM Name	INC. (Printed or typed)			
-	5901 Cours	GE ROMO /	CAMPUS CAFE		
-	KEY WEST	State & Zip	330 <i>40</i>		
-	(305) S	809-3272 Elephone number	?		

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 29, 2007

GREG BAUMANN 5901 COLLEGE ROAD CAMPUS CAFE KEY WEST, FL 33040

SUBJECT: BGM INC.

Ref. Number: W07000030813

We have received your document for BGM INC. and your check(s) totaling. \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6921.

Maryanne Dickey Document Specialist Supervisor New Filing Section

Letter Number: 007A00042422

COVER LETTER

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

SUBJECT:	BMG FOR	OOS FNC. ATENAME- <u>MUST INCI</u>	
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCI</u>	.UDE SUFFIX)
England are on original		4:-1	the state of
Enclosed are an ong	ginal and one (1) copy of the ar	ncies of incorporation and	d a check for:
\$70.00	\$78.75	\$78.75	№ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of Status
		ADDITIONAL CO	
	0.000 (a	
FROM:	BMG FOODS	2 / NC.	
		_	
	5901 COLLEGE	Days / 1	LOUG CHEF
	_ ONE COLLEGE	Address	APUS_CAPE
	1.		
	KRY WEST PCity	L 33040	<u> </u>
	City	, State & Zip	
	(305)	Ø09-3077	
	Daytime	809 - 3272 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) ARTICLE I NAME The name of the corporation shall be: BMG FOODS INC. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 5901 COLLEGE ROAD / CAMPUS CAFE Kay WEST , FL 33040 ARTICLE III PURPOŚE The purpose for which the corporation is organized is: FROM SERVICES ARTICLE IV SHARES The number of shares of stock is: 100 INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): ARCANGELA COLO, VICE PRESIDENT 5901 COLLECE ROAD / CAMPUS CAFE KEY WEST, FL 33040 DAN EVANS, ARESIDENT 5901 COLLEGE ROAD / CAMPUS CAFE KEY WEST, FL 33040 ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: DANIEL EVANS 5901 COLLEGE KOAD / CAMPUS CAFE KAY WEST, FL 33040 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: GREG BAUMANN 5901 COLLEGE ROAD /C-226 KLY WEST, FL 33040 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this

7/3//07

certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

gnature/Incorporator