P/1000028771

(Requestor's Name)				
(Address)				
<u>·</u>				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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11 MAR 21 PM 2: 17
JINISION OF CORFORATIONS

FLORIDA DEPARTMENT OF STATE Division of Corporations

March 4, 2011

JENNIFER BROOKE MCGOYE 1495 LINKSIDE DRIVE ATLANTIC BEACH, FL 32233

SUBJECT: B. M. REPORTING, INC.

Ref. Number: W11000012629

We have received your document for B. M. REPORTING, 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 document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected 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) 245-6949.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 111A00005444

Division of Comparations DO ROY 6227 Tallahagaa Florida 22214

COVER LETTER

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

SUBJECT: B.M. Repor	ting, Inc.			
(PROPOSED CORPQRAT	E NAME - MUST INCLUDE SUFFIX)			
Enclosed are an original and one (1) copy of the articl	es of incorporation and a check for:			
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status			
	ADDITIONAL COPY REQUIRED			
FROM: Jennifer Brooke M=Goye Name (Printed or typed)				
1495 Linkside Drive				
Au	ich, FL 32233 tate & Zip			
904-710-5511				
Daytime Telephone number				
E-mail address: (to be used for future annual report notification)				

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 NA The name of the corporate	AME ration shall be: B.M. Reportin	ig, Inc.	
ARTICLE II PI	Principal office Principal street address Linkside Drive Hantic Beach, FL 32233		dress, if different is:
APTICI FIV SI	the corporation is organized is: Court Reporting Se		11 MAR 21 AH IO: 03 SECRETARIASSEE FLORE
The number of shares of ARTICLE V IN Name and Title:	of stock is: J. Brooke McGoye - ITIAL OFFICERS AND/OR DIRECTOR Jennifer Brooke McGoye - P 1495 Linkside Drive Atlantic Beach, FL 32233	s sident Name and Title:	
Name and Title: Address:			
Name and Title: Address:			
	GISTERED AGENT Street address (P.O. Box NOT acceptable) of Tennifer Brooke MeGo 1495 Linkside Drive Atlantic Beach, FL 32	ye	
ARTICLE VII INC The name and address Name: Address:	corporator of the Incorporator is: Jennifer Brooke McGov 1495 Linkside Drive Atlantic Beach, FL 3	z233	
Having been named a this certificate, I am fai	s registered agent to accept service of process miliar with and accept the appointment as regi Phylogogy Required Signature/Registered Agent	for the above stated corpord stered agent and agree to act	
document to the Depart	t and affirm that the facts stated herein are timent of State constitutes a third degree felony Required Signature/Sucorporator	true. I am aware that the fa as provided for in s.817.155,	Ise information submitted in a F.S. $\frac{2/25/11}{\text{Date}}$