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COVER LETTER

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

SUBJECT: BNDP Associates, Inc.			
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)	
Enclosed are an original and one (1) copy of the artic	cles of incorporation an	d a check for:	1
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
	ADDITIONAL C	OPY REQUIRED	ļ
FROM: Nicole Newman	(Printed or typed)		
6588 NW 103rd Lane		TALLA	F1L 2012 JAN 20
Parkland, FL 33076	Address	IASSEE.	-
City,	State & Zip	- LORI	
954-344-0042 Daytime To	elephone number	<u> </u>	
joe@bnflaw.com E-mail address: (to be used	for future annual repor	t 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)

The name of the co	UNDE ASSOCIATES. II	nc.	
6	PRINCIPAL OFFICE Principal street address 5588 NW 103rd Lane Parkland, FL 33076		Mailing address, if different is:
	PURPOSE hich the corporation is organized is: nwful business.		
The number of share		TORS	
	itle:Nicole Newman, President 6588 NW 103rd Lane Parkland, FL 33076	Name and Ti Address:	
Name and Ti Address:	itle:	Address:	itle:
Name and Ti Address:	itle:	Address:	itle:
	REGISTERED AGENT		20 SE TAL
The <u>name and Flo</u> Name: Address:	rida street address (P.O. Box NOT acceptab Nicole Newman 6588 NW 103rd Lane Parkland, FL 33076		IZ JAN 20 LAHASSE
ARTICLE VII The name and add Name: Address:	INCORPORATOR Iress of the Incorporator is: Nicole Newman 6588 NW 103rd Lane Parkland, FL 33076		AR IN OL
	ed as registered agent to accept service of po of familiar with and accepy the appointment a	s registered agent ar	
	Required Signature/Registered Agent		1/17/12 Date
	ment and affirm that the facts stated herein epartment of State constitutes a hird degree	n are true. I am aw	
	Required Signature/Incorporator	m	1/17/12