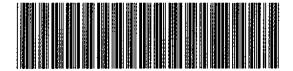
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(Re	equestor's Name)	
(Address)		
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	, #)
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

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13 SEP 25 AM 8: NO

SECRETARY OF STATE
DIVISION OF CORPORATIONS

Ps 8/26/13



IIIN JERTICE COMPANI .
ACCOUNT NO. : 12000000195
REFERENCE: 821192 72.66213 AUTHORIZATION:
AUTHORIZATION:
COST LIMIT : \$ 70.00
ORDER DATE : September 25, 2013
ORDER TIME : 10:29 AM
ORDER NO. : 821192-005
CUSTOMER NO: 7266213
DOMESTIC FILING
NAME: BLDI MERGER CORPORATION
EFFECTIVE DATE:
XX ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Susie Knight - EXT. 52956
EXAMINER'S INITIALS:

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED / SECRETARY OF STATE DIVISION OF CORPORATIONS

ARTICLE I The name of the o	NAME corporation shall be:	n	13 SEP 25 AM 8: 00
ARTICLE II	PRINCIPAL OFFICE		10.000
	Principal street address		Mailing address, if different is:
3370 Sugarloat	Parkway Suite G2		
Lawrenceville,	GA 30044		
	•		
ARTICLE III	PURPOSE merger	subsidiary	
The purpose for v	which the corporation is organized is:		
		<u></u>	
 		<u>,</u>	
	•		
ARTICLE IV The number of sha	SHARES 1000 common shares		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	<u>rors</u>	
Name an	nd Title: Alan Waring, Director	Name and Title	Greg Campbell, Vice President
Address	20 Manor House Drive	Address:	3370 Sugarloaf Parkway
	Smiths Florida 07 Bermuda		Suite G2
		<u>.</u>	Lawrenceville GA 30044
3 1	d Title: Sara Carpenter, Secretary and	Nt 3 (P!4)-	_
	Treasurer	Address:	
Address	42 Timberwood Drive	Address.	
	Silver Creek, GA 30173		
			
Name and	d Title:	Name and Title	
Address		Address:	
			

FILED (conti.)
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Name an	d Title:	Name and Title:	13 SEP 25	AM 8: 00
Address		•		7_112410
Address		_ Address		
				····
		. <u> </u>		
ARTICLE VI The name and Fl	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	f the registered agent	is:	
Name:	Corporation Service Company			
Address:	1201 Hays Street	_		
	Tallahassee, FL 32301	_		

ARTICLE VII	INCORPORATOR		,	
The name and ad	dress of the Incorporator is:			
Name:	Mellssa Zeiders			
Address:	c/o Stevens & Lee 17 N. 2nd Street	_		
	Harrisburg, PA 17101	-		
Marina Lam nam	ned as registered agent to accept service of process	Con the above states	l comparation at th	a place designated in
	ned as registered agent to accept service of process am familior with and accept the appointment as reg			
By: bec	Kuith 8	Bue G. Knight	9-0	25/13
	Required Signature/Registered As Agusist	ant Vice Presid	lent	Date
	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon			nation submitted in a
***************************************	Required Signature/Incorporator		<u></u>	201.25,2012

COVER LETTER

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

SUBJECT: BLD	l Merger Corporation		
SOBJECT.	(PROPOSED CORPORA	FE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an o	original and one (1) copy of the arti	cles of incorporation and	d a check for:
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL COPY REQUIRED	
FROM:	Melissa Zeiders Name	(Printed or typed)	
C	do Stevens & Lee - 17 N. 2nd Street	, 16th Floor	
_	<u> </u>	Address	<u> </u>
I	Harrisburg, PA 17101		
-	City,	State & Zip	
•	717 255-7360		
-	Daytime To	elephone number	
1	mmz@stevenslee.com		
_	E-mail address: (to be used	for future annual report	notification)

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