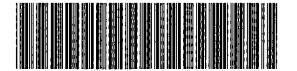
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SECRETARY OF STATE

1 09/19/14

COVER LETTER

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

SUBJECT: BKM Technologies Incorporated (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REOUTRED

FD∩M	Bryan McNamara
i KOW	Name (Printed or typed)
	1760 Linton Lake Drive APT K
	Address
	Delray Beach, FL, 33445
	City, State & Zip
	(912) 401 - 9525
	Daytime Telephone number
	mcnamara.bryan@gmail.com 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)

RTICLE I NA e name of the corpor	me ation shall be: BKM Technolog	gies Incor	porated		
RTICLE II PR	INCIPAL OFFICE Principal street address AKE Drive APT K		Mailing address, if different is:		
elray Bea	ch, FL, 33445				
RTICLE III PUI	the corporation is organized is: To COI	nduct bus	siness for profit.		
			14		
			A SECTION AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF		
			* * *		
RTICLE IV SH ne number of shares o	ARES 29 of stock is:				
ne number of shares o	ITIAL OFFICERS AND/OR DIRECTOR	RS Name and Title	ED 8 MH: 22 54 JANE ELFLORIDA		
Name and Tit	ITIAL OFFICERS AND/OR DIRECTOR	_ Name and Title	ED 8 MH: 22 54 JANE E FLORIDA		
ne number of shares o	if stock is: 25 ITIAL OFFICERS AND/OR DIRECTOR le: Bryan McNamara, Owner	RS Name and Title Address:	Kasie McNamara, Own		
RTICLE V IN. Name and Tit Address	ITIAL OFFICERS AND/OR DIRECTOR le: Bryan McNamara, Owner 1760 Linton Lake Drive APT K	_ Name and Title _ Address: -	Kasie McNamara, Own 1760 Linton Lake Drive APT K Delray Beach, FL, 3344		
ne number of shares of RTICLE V IN. Name and Tit Address	TIAL OFFICERS AND/OR DIRECTOR Bryan McNamara, Owner 1760 Linton Lake Drive APT K Delray Beach, FL, 33445	Name and Title Address: Name and Title	Kasie McNamara, Own 1760 Linton Lake Drive APT K Delray Beach, FL, 3344		
RTICLE V IN Name and Tit Address Name and Titl	TIAL OFFICERS AND/OR DIRECTOR Bryan McNamara, Owner 1760 Linton Lake Drive APT K Delray Beach, FL, 33445	Name and Title Address: Name and Title Address: Address:	Kasie McNamara, Own 1760 Linton Lake Drive APT K Delray Beach, FL, 3344		
RTICLE V IN Name and Tit Address Name and Titl Address	TIAL OFFICERS AND/OR DIRECTOR Bryan McNamara, Owner 1760 Linton Lake Drive APT K Delray Beach, FL, 33445 c:	Name and Title Address: Name and Title Address:	Kasie McNamara, Own 1760 Linton Lake Drive APT K Delray Beach, FL, 3344		

Name and Title:		Name and Title:	
Address	S	Address:	
ARTICLE VI The <u>name and F</u>	REGISTERED AGENT Torida street address (P.O. Box NOT acceptable) o	f the registered agent is:	
Name:	Bryan McNamara	SS ₹	
Address:	1760 Linton Lake Drive APT K	SEP CREID LARIA	773
7 touress.	Delray Beach, FL, 33445		
ARTICLE VII	INCORPORATOR	AH II: 22	Ö
The <u>name and a</u>	ddress of the Incorporator is:	22	
Name:	Bryan McNamara	_	
Address:	1760 Linton Lake Drive APT K	_	
ridal Coo.	Delray Beach, FL, 33445	_	
	med as registered agent to accept service of process am-familiar with and accept the appointment as reg	gistered agent and agree to act in this capacity	v
_		9/15/20	014
	Required Signature/Registered Agent	Dε	ate
	cument and affirm that the facts stated herein are Department of State constitutes a third degree felor		submitted in
_		9/15/2	2014
	Required Signature/Incorporator		Date