## P1500086/69

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

Office Use Only

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## FLORIDA DEPARTMENT OF STATECT Division of Corporations

September 17, 2015

ENRIQUE O. TORRES 10340 S.W. 139 STREET MIAMI, FL 33176

SUBJECT: BMA CORP

Ref. Number: W15000061104

We have received your document for BMA CORP and your check(s) totaling \$70.00. 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.

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) 245-6052.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 315A00019617

## **COVER LETTER**

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

SUBJECT: BMA	Finance and Accounting Corp		
SUBJECT:	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an o	original and one (1) copy of the ar	ticles of incorporation and	t a check for:
☐ \$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	DPY REQUIRED
	Enrique Torres Nan 10340 SW 139 Street	ne (Printed or typed)	
-		Address	
	Miami, Florida 33176		
-	City	y, State & Zip	
	305-984-8206		
•	Daytime	Telephone number	<del></del>
	henrytorresmiami@gmail.com		
-	E mail addrese: (to be us	ed 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)

mpu anus	BAL APPEAR				
ICLE II PRINCI I 0 SW 139 Street	PAL OFFICE Principal <u>street</u> address		Mailing addr	ess, if different is:	
ni, Florida 33176					
	<u>SE</u> e corporation is organized is:			·s.	
ICLE IV SHARE	<b>S</b> 1000				
ICLE IV SHARE of shares of s	1000 stock is:				75
number of shares of s	tock is:	<u>CTORS</u>			15 OCT
number of shares of some shares of some and Title	L OFFICERS AND/OR DIRE Enrique O. Torres - CEO	CTORS Name	and Title:		8-130
number of shares of s	LOFFICERS AND/OR DIRE Enrique O. Torres - CEO 10340 SW 139 Street Miami, Florida 33176	<u>CTORS</u> Name Addre			007
number of shares of some shares of some and Title	L OFFICERS AND/OR DIRE Enrique O. Torres - CEO 10340 SW 139 Street	<u>CTORS</u> Name Addre			HV 8-130
number of shares of some shares of some and Title	LOFFICERS AND/OR DIRECE Enrique O. Torres - CEO 10340 SW 139 Street Miami, Florida 33176	<u>CTORS</u> Name Addre	ess:		OCT -8 AH 8: 56
number of shares of s EICLE V INITIA Name and Title Address	LOFFICERS AND/OR DIRECE Enrique O. Torres - CEO 10340 SW 139 Street Miami, Florida 33176	Name	ess:		OCT -8 AH 8: 56
Name and Title:  Name and Title:	LOFFICERS AND/OR DIRE Enrique O. Torres - CEO 10340 SW 139 Street Miami, Florida 33176	Name	ess:		OCT -8 AH 8: 56
Name and Title: Address  Address	LOFFICERS AND/OR DIRE Enrique O. Torres - CEO 10340 SW 139 Street Miami, Florida 33176	Name Addre	e and Title:		0CT -8 AH 8: 56
Name and Title: Address  Address	LOFFICERS AND/OR DIRE Enrique O. Torres - CEO 10340 SW 139 Street Miami, Florida 33176	Name Name Addre	e and Title:		0CT -8 AH 8: 56

Name ar	nd Title:	Name and Title:
Addres	s	Address:
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable)	of the registered agent is:
Name:	Enrique O. Torres	-
Address:	10340 SW 139 Street	_
	Miami, Florida 33176	<del></del>
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>	
The <u>name and a</u>	address of the Incorporator is:	
Name:	Enrique O. Torres	_
Address:	10340 SW 139 Street	
Address.	Miami, Florida 33176	
Effective date, i		OPTIONAL) not be more than five business days prior or 90 business
		ole statutory filing requirements, this date will not be listed as is.
	amed as registered agent to accept service of proc I am familiar with and accept the appointment as	ess for the above stated corporation at the place designated in registered agent and agree to act in this capacity
	Cal (	9/1/2015
	Retjuired Signature/Registered Agent	Date
I submit this de document to the	ocument and affirm that the facts stated herein a e Department of State constitutes a third degree fe	ere true. I am aware that the false information submitted in a lony as provided for in s.817.155, F.S.
	Ga -	9/1/2015
Req	uired Signature/Incorporator	Date