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(Cit	y/State/Zip/Phon	e #)
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(Do	cument Number))
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04/29/16--01020--003 **70.00

COVER LETTER

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

SUBJECT: BMA REPS INC.

	(PROPOSED CORPO	RATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an orig	ginal and one (1) copy of the	articles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
FROM:	Michael Malone	Ly and Jason me (Printed or typed)	Bradway

BOCA RATON, FL 33432
City, State & Zip

508-269-6333 / 561-303-7452

Daytime Telephone number

MIKEMIMA QAUL. 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 INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corpor		95 INC.	
ARTICLE II PRIN	CIPAL OFFICE Principal <u>street</u> address		Mailing address, if different is:
1315 Fede	ral HWY, Apt. 302		
Buca Ruton	, FL 33432		
ARTICLE III PURP The purpose for which	the corporation is organized is:	serve as	Independent
	presentatives for Co		
manufac			
<u>-</u>			
		· · · · · · · · · · · · · · · · · · ·	Part of the Control o
		· · · · · · · · · · · · · · · · · · ·	
ARTICLE IV SHAR	RES f stock is: 1,000		
The number of shares o	1 Stock is. 1 1 0 0 0		
	ALOFFICERS ANDIOR DIRECTORS	.1	: Jaun Bradway - VILL Preside
Name and Tit Address	15 Alderwood Prive		BIS Federal HWY, Apt 302
Address	N. Easton MA 02356		Boca Raton, FL 33437
			,
N. Lantid	e: Jason Bradway - Tre	asuler	SEC.
Address	e: July Dirition 19		5.7. 20 Sec.
Address		Address.	
		_	5 5 5 F
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	e:		·
Address		Address:	
			
			·

Name and	l Title:	Name and Title:	
Address		Address:	
	REGISTERED AGENT		
Name:	Dasun Bradway	T acceptable) of the registered agent is:	
Address:	131 S. Federal t		
	Boca Ratun, F	•	
A DELICA E VIII	•		
	INCORPORATOR		As w
The name and ad	dress of the Incorporator is:		
Name:	Michael Mai	g .	35 N
Address:	15 Alderwood	Drive	
	N. Easton, M	A 02356	
		·	5: 0: 5: 0:
	EFFECTIVE DATE:		, , , , , , , , , , , , , , , , , , ,
	other than the date of filing:ate is listed, the date must be spe	(OPTION ific and cannot be more than five but	•
days after the fil	•		. 1
	inserted in this block does not mee fective date on the Department of	t the applicable statutory filing requirer State's records.	nents, this date will not be lis
		ervice of process for the above stated co	
/ 1	1	pointment as registered agent and agree	e to act in this capacity
Jane	Required Signature/Regis		4/24/16
//			, Date
I submit this doc	ument and affirm that the facts st	ated herein are true. I am aware that i ird degree felony as provided for in s.8.	