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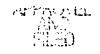
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## **COVER LETTER**

16 JUN 29 FH 2: 57

TÄLTÄYÄSSEE FLÖRIÖA

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

4.3

Tananassee, 1 L 32314					
SUBJECT: Bumpas LOCAL (PROPOSED CORPORAT	349 INCL	JDE SUFFIX)			
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:					
□ \$70.00 □ \$78.75  Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED			
FROM: Alberto E AGRAMONTE  Name (Printed or typed)  Name (Printed or typed)					

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

E-mail address: (to be used for future annual report notification)



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

16 JUN 29 PM 2: 57

ARTICLE I NAME The name of the corporation shall	be: Bumpas	LOCAL 34	9 INC
ARTICLE II PRINCIPAL O			ng address, if different is:
2.7 38 CAPI TAMAHASS  ARTICLE III PURPOSE  The purpose for which the corpo	E Pr 3238		15 ESCADA!/IC
The purpose for which the corpo	ration is organized is.		
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFI		. AGRAMON+	e/President
Name and Title:	/ Albertoe	A STATE OF THE STA	7 7
Address \square \square \square \square \square \square \qquare \qqquare \qqqqq \qqqqq \qqqqq \qqqqq \qqqqq \qqqqq \qqqq \qqq \qqqq \qqq \qqqq \qqq \qqqq \qqq \qqqq \qqq \qqqq \qqq \qqqq \qqq \qqqq \qqq \qqqq \qqq \qqqq \qqqqq \qqqq \qq	5 ESCAPTILLO 1/AltASSET	Address.	
Name and Title:		Name and Title:	
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Name and Title:	Name and Title:	16 JUN 29 PH 2: 57
Address	Address:	Signature and other
· ,		10-07 (BAN)
-		
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acc Name:  Alberto E, Acc Address:  ISIS ESCAPCIO TAILAHASSES F	le Dr.	
ARTICLE VII INCORPORATOR		
Name:  Albero E. AGA  Address:  Address:  ATTICLE VIII EFFECTIVE DATE:  Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific	lle Dr. 2308 9/16 (OPTIONA	
Note: If the date inserted in this block does not meet the the document's effective date on the Department of State's		nts, this date will not be listed as
Having been named as registered agent to accept service this certificate, I am familiar with and accept the appoint	ment as registered agent and agree to	oration at the place designated in act in this capacity  6/29/16
Required Signature/Registered  I submit this document and affirm that the facts stated	_	Pale false information submitted in a
document to the Department of State constitutes a third d		
Required Ignature/Incorporator	Martine	Date