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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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Office Use Only



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18 DEC 18 MH 03

18 DEC 18 PHII: 21
SECRETARY STATE

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 120000000195

REFERENCE: 547815 7548384

Sille.

ORDER DATE : December 17, 2018

AUTHORIZATION :

ORDER TIME : 10:35 AM

ORDER NO. : 547815-015

CUSTOMER NO: 7548384

DOMESTIC FILING

NAME: BAMR HOLDINGS, INC.

EFFECTIVE DATE:

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: Roxanne Turner - EXT.

EXAMINER'S INITIALS:

COVER LETTER

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

SUBJECT: BA	AMR HOLDINGS, INC			
JOBODE X	(PROPOSED COR	PORATE NAME – MUST INCL	UDE SUFFIX)	_
Enclosed are an	original and one (1) copy of the	he articles of incorporation and	d a check for:	
S70.0 Filing Fe	00 □ \$78.75 ee Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	Status	,
	ADDITIONAL COPY REQU		DPY REQUIRED	
		,		
FROM:		D. Sullivan Name (Printed or typed)	· · · · · · · · · · · · · · · · · · ·	
	844 Alton Road, Suite 3			
	Miami Beach, FL 33139	Address	SECRE II	18 DEC
	SET	00		
	786-216-7300			3 17
	Dayı	time Telephone number	- January Signatura	D II: 21
	E-mail address: (to b	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)

	CIPAL OFFICE Principal <u>street</u> address	Mailing addre	ess, if different is:
Alton Rd, Suite 3,	, Miami Beach, FL 33139		
ICLE III PURF	POSE owning en the corporation is organized is:	tity	
purpose for which	une corporation to exg.		
ICLE IV SHA			
number of shares of	of stock is:		
			_
	IAL OFFICERS AND/OR DIRECTORS		
	om D. D. H Dural dans	Name and Title:	
	Thomas D. Sullivan, President	Name and Title:	
Name and Ti	Thomas D. Sullivan, President		DEC 18
Name and Ti	Thomas D. Sullivan, President 844 Alton Rd, Suite 3,		DEC 18 PH
Name and Ti	Thomas D. Sullivan, President 844 Alton Rd, Suite 3, Miami Beach, FL 33139 Azza Zee Tatum Sullivan, Secretary	Address:	DEC 18 PHILL: 2 ORE AR OF STAN ARASSIE STREET
Name and Ti Address Name and Tit	Thomas D. Sullivan, President 844 Alton Rd, Suite 3, Miami Beach, FL 33139 Azza Zee Tatum Sullivan, Secretary	Address:	DEC 18 PHII: 21 ORE AS DESIGNATION OF THE PRINCE OF THE P
Name and Ti	Thomas D. Sullivan, President 844 Alton Rd, Suite 3, Miami Beach, FL 33139 Azza Zee Tatum Sullivan, Secretary	Address:	DEC 18 PHILL: 2 ORE AR OF STAN ARASSIE STREET
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Name and Ti Address Name and Tit Address	Thomas D. Sullivan, President 844 Alton Rd, Suite 3, Miami Beach, FL 33139 Azza Zee Tatum Sullivan, Secretary 844 Alton Rd, Suite 3 Miami Beach, FL 33139	Address: Name and Title: Address:	DEC 18 PHII: 21 ORE AR OF STATE ARASSIE STATE
Name and Ti Address Name and Tit Address	Thomas D. Sullivan, President 844 Alton Rd, Suite 3, Miami Beach, FL 33139 Azza Zee Tatum Sullivan, Secretary 844 Alton Rd, Suite 3 Miami Beach, FL 33139	Address: Name and Title: Address:	DEC 18 PHII: 21 ORE AR OF STATE ARASSIE STATE
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Name and Ti Address Name and Tit Address	Thomas D. Sullivan, President 844 Alton Rd, Suite 3, Miami Beach, FL 33139 Azza Zee Tatum Sullivan, Secretary tle: 844 Alton Rd, Suite 3 Miami Beach, FL 33139		DEC 18 PHII: 21 ORE AR. OF STAIR ARASSIE STAIR

Name and	d Title:	Name and Title:
Address		Address:
		<u></u>
		
	<u>REGISTERED AGENT</u> orida street a <u>ddress</u> (P.O: Box NOT acceptable) of	the registered agent is:
Name:	Corporation Service Company	
Address:	1201 Hays Street	
	Tallahassee, FL 32301	
ARTICLE VII	INCORPORATOR	18 (TALI
The name and ad	ldress of the Incorporator is:	SE B T
Name:	F9 Investments, LLC / Thomas D. Sullivan Sc	ASS.
Address:	844 Alton Road Suite 3	
	Miami Beach, FL 33139	FINE PARTIES
ARTICI F VIII	EFFECTIVE DATE:	Ş.
Effective date, if	other than the date of filing:	. (OPTIONAL) t be more than five days prior or 90 days after the
	inserted in this block does not meet the applicable affective date on the Department of State's records.	statutory filing requirements, this date will not be listed as
this certificate, I	am familiar with and accept the appointment as reg	ranne Turner
Ву:	Required Signature/Registered Agent	Vice President 10 10 Date
I submit this doc document to the	ument and affirm that the facts stated herein are to Department of State constitutes a third degree felong	true. I am aware that the false information submitted in a y as provided for in s.817.155, F.S.
		12/12/2018
Requi	red Signature/Incorporator	Date