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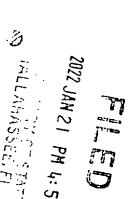
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporat	ion shall be: BUA, Inc.		
	CIPAL OFFICE Principal street address		Mailing address, if different is:
	DSE the corporation is organized is: awful activity for which a limited I		
laws of the Sta	ate of Florida.		
ARTICLE IV SHARE The number of shares of ARTICLE V INITIA Name and Title Address	L OFFICERS AND/OR DIRECTORS	Name and Title	Licia Jennings, Secretary 3801 Avalon Park E. Blvd, 2nd Floor Orlando, FL 32828
Address	Christopher Jennings, Treasurer 3801 Avalon Park E. Blvd, 2nd Floor Orlando, FL 32828 Licia Jennings, Director 3801 Avalon Park E. Blvd, 2nd Floor Orlando, FL 32828	Address: Name and Title	Christopher Jennings, Director 3801 Avalon Park E. Blvd, 2nd Floor Orlando, FL 32828
			

Name a	nd Title:	Name and Title:
Addres	ss	Address:
ARTICI C IVI	BECICTEDED ACENT	
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	Christopher Jennings	
Address:	3801 Avalon Park E. Blvd; 2nd Floor	
	Oriando, FL 32828	
ARTICLE VII	<u>INCORPORATOR</u>	
The name and s	address of the Incorporator is:	
Name:	Eric M. Sigman, Esq., Ruberto, Israel & Weiner PC	
Address:	255 State Street, 7th Fl.	
	Boston, MA 02109	
ARTICLE VIII	EFFECTIVE DATE:	
Effective date, i	f other than the date of filing:	(OPTIONAL) t be more than five days prior or 90 days after
filing.)		
	te inserted in this block does not meet the applicable	
me docarrem s	effective date on the Department of State's records.	
Having been na	med as registered agent to accept service of process fo Jamiliar with and accept the appointment as registere	r the above stated corporation at the place designa
carrificata I and	Jamiliar with and accept the appointment as registere	ra agent and agree to act in this capacity
certificate, I am	• - // /	. / 24 / 2
certificate, I am	Received Signature/Pagictard Again	
certificate, I and	Required Signature/Registred Agent	Date
I submit this do	Regulared Signature/Registrated Agent ocument and affirm that the facts stated herein are to Department of State Constitutes a third degree felony	Date true. I am aware that the false information subsection of the provided for in s.817.155, F.S.

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