

P96000086797

TRANSMITTAL LETTER

FILED

95 OCT 18 AM 7:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: BIA Inc.

(Proposed corporate name - must include suffix)

700001969317
-10/09/96--01077--002
*****78.75 *****78.75

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$78.75
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: C. Richard Lehman
Name (printed or typed)

6175 NW 153 ST. Suite 221
Address

Miami Lakes FL 33014
City, State & Zip

305-557-1832
Daytime Telephone number

W96-21702

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

TH
10-22-96



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthum
Secretary of State

October 14, 1996

C. RICHARD LEHMANN
6175 N.W. 153 STREET, SUITE 221
MIAMI LAKES, FL 33014

SUBJECT: BIA INC.
Ref. Number: W96000021702

revised To "BIA Associates, Inc."

We have received your document for ~~BIA INC.~~ and your check(s) totaling \$78.75. 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. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Bylaws are not filed with this office. Please retain them for your records.

Please return 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 (904) 487-6927.

Kathy Hyman
Document Specialist

Letter Number: 896A00046606

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: *BIA ASSOCIATES, INC.*

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TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

*6175 NW 153 ST. Suite 221
Miami Lakes FL 33014*

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500 shares, \$1.00 par

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*C. Richard Lehmann
6965 Glen Eagle Dr.
Miami Lakes FL 33014*

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Richard Lehmann
6915 Glen Eagle Drive
Miami Lakes, FL 33014

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

9 day of October, 19 76.

C. P. Jones

Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

BIA Associates, Inc

2. The name and address of the registered agent and office is:

C. Richard Lehmann
(NAME)

6965 Glen Eagle Drive

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Miami Lakes FL 33014

(CITY/STATE/ZIP)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C. R. Lehmann

(SIGNATURE)

10/9/96

(DATE)