## P98999004124

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

200002593012---2 -07/20/98--01070--004 \*\*\*\*\*\*78.75 \*\*\*\*\*\*78.79

Enclosed is an original a	nd one(1) copy of the artic	eles of incorporation and a	check for :	_
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL COPY REQUIRED		
FROM:	FROM: BASSAM H. MNAYARTI  Name (Printed or typed)  407 WEKIVA SPRINGS ROAD SUITE 369  P.O. BOX 916655  Address  LONGWOOD FL 32791-6655  City, State & Zip			SECRETARY OF STATEOUS SECRETARY OF CORPORATIONS DIVISION 20 PM 4:57
<u>.</u>	407 68%	2-/555		<b></b>

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

1,21

## ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: -

BHM PROPERTIES, INC.

PRINCIPAL OFFICE

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

407 WEKINA SPRINGS Road Suite 369 - P.O. Box 916655

Longwood FLa. 32791-6655

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

500,000

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

BASSAM It MNAYARJI 407 WELLIVA SPRINGS ROAD Suite 369 POBOLGIGGS, LONGWOOD FL. 32791-6655

INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

BASSAM H. MNAYARTI 407 WEKNA Springs Road Swife 369-POBOT 916655 Longarod, FL 32791-6655

(An additional article must be added if an effective date is requested.)

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

Signature/Registered Agent

7/15/98