

P99000003947

TRANSMITTAL LETTER

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 JAN 11 AM 9:00

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

300002736663--9

-01/11/99--01097--018

\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: BD Insurance, Inc.

(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles 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: Benjamin DeMeo

Name (Printed or typed)

7155 Lago Dr. E.

Address

Coral Gables, FL 33143

City, State & Zip

(305) 791-1768

Daytime Telephone number

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

B. BROWN JAN 14 1999

## 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.

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### ARTICLE I NAME

The name of the corporation shall be:

BD Insurance, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

7155 Lago Dr. E.  
Coral Gables, FL 33143

### ARTICLE III SHARES

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

10,000

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Benjamin DeMeo  
7155 Lago Dr. E.  
Coral Gables, FL 33143

### ARTICLE V INCORPORATOR

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

Benjamin DeMeo  
7155 Lago Dr. E.  
Coral Gables, FL 33143

  
Signature/Incorporator

1-8-99  
Date

(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

1-8-99  
Date