P11000100125

(Requestor's Name)				
(Address)				
(6-11)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
,				





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COVER LETTER

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

SUBJECT: JMA Inc.				
(PROPOSED CORPORA	TE NAME – MUST INC	LUDE SUFFIX)	_	
Enclosed are an original and one (1) copy of the arti	cles of incorporation an	nd a check for:		
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL C	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED		
FROM: <u>Jose J. Manzanilla Escas</u> Name	ena (Printed or typed)	SEC	<u>-</u>	
1320 NE 137 St Address 第3			NOV 21	FILE
North Miami, FL. 33161 City,	State & Zip	OF STATE E. FLORIDA	AM 10: 32	
(305) 219-9243 Daytime To	elephone number		2	
jmappraiser45@aol.com E-mail address: (to be used	/ I 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)

ARTICLE I The name of the corp	VAME JMA Inc. J. M.A Poration shall be: J. M. A PRINCIPAL OFFICE	Ppraiser INC	ar and a second
ARTICLE II I	PRINCIPAL OFFICE	CISEP /NC	
	Principal street address	Mail	ing address, if different is:
	20 NE 137 St.		
NC	rth Miami, FL 33161		
ARTICLE III P The purpose for whi Any and All La	on the corporation is organized is.	Hecthe Da	te January 1 201
		sident Name and Title:	
Name and Title	e;	Name and Title:	
Address:		Address:	
			N N
	:		TEC T
Address:		Address:	— <u>ŜË ₹ π</u>
			850 N
			mo M
	<u>EGISTERED AGENT</u> <u>da street address</u> (P.O. Box NOT accepta	hle) of the registered agent is:	AM IO: 3 F STATE FLORIDA
Name:	Jose J. Manzanilla Escasena		<u>\$</u> ₹ ₽
Address:	1320 NE 137 St	· · · · · · · · · · · · · · · · · · ·	DA 32
	North Miami, FL 33161		2
	NCORPORATOR Ses of the Incorporator is: SIMA Inc. Sel Men 1320 NE 137 St. Alogh Minni Et. 33151	zanita	
	North Miami, FL. 33161		
Having been named this certificate, I am j	as registered agent to accept service of plantiliar with and accept the appointment	process for the above stated a as registered agent and agree	corporation at the place designated in e to act in this capacity
M			10-6-11
7/10	Required Signature/Registered Ager		Date
			Date
I submit this docume	ent and affirm that the facts stated here artment of State constitutes a third degree	in are true. I am aware that	t the false information submitted in a
wocument to the Dept	urimeni oj situte constitutes u intra aegree M	jeiony us provideu jor in s.o.	17.133, F.S.
			10-6-11
	Required Signature/Incorporator		Date
WIICLF V	January 1 c	Dote	
19	1		
	Lawary 1 c	2012 (14th