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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I2000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
PLP PROPERTY MANAGEMENT INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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07/24/17

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

PLP Property Management Inc

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

953 N.W 3rd AVE
Suite 10
Florida City FL 33034

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Lori Porter (P) 100%

Powell Porter (VP)

Maria storey (S)

17 JUL 21 AM 9:50
STATE OF FLORIDA

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Maria storey
953 NW 3rd AVE
Suite 10 Florida City FL 33034

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Maria storey
953 NW 3rd AVE
Suite 10 Florida City FL 33034

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Required Signatures:

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Mama Storey 7/14/17
Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Mama Storey 7/14/17
Incorporator Date

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STATE
FLORIDA

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