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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

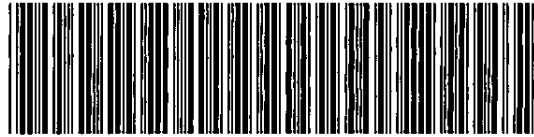
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: JMG Liquidity Incorporated
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

\$70.00 \$78.75
Filing Fee Filing Fee
& Certificate of Status

\$78.75 \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: Jonelle Garofoli Name (Printed or typed)

2922 SW 38 Terrace Address

Cape Coral, FL 33914 City, State & Zip

239-565-5467 Daytime Telephone number

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

JMG

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

JMG Liquidity Incorporated

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

2922 SW 38 Terrace, Cape Coral, FL 33914

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Marketing

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Jonelle Garofoli
2922 SW 38 Terrace, Cape Coral, FL 33914
President

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Jonelle Garofoli
2922 SW 38 Terrace, Cape Coral, FL 33914

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jonelle Garofoli
2922 SW 38 Terrace, Cape Coral, FL 33914

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

X Jonelle Garofoli
Signature/Registered Agent

9-15-09
Date

X _____
Signature/Incorporator

Date