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| PICK-UP WAIT MAIL                       |  |  |  |
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| (Business Entity Name)                  |  |  |  |
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| Certified Copies Certificates of Status |  |  |  |
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| Special Instructions to Filing Officer: |  |  |  |
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Office Use Only



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SECRETARY OF STATE

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## **COVER LETTER**

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

SUBJECT: JOCREW REALTY SERVICES, INC.

| Enclosed are an orig  | ginal and one (1) copy of the ar           | ticles of incorporation and                        | a check for:   |
|-----------------------|--|--|--|
| \$70.00<br>Filing Fee | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED |

|             | ,  |  |  |  |  |
|-------------|--|--|--|--|--|
| FROM:       | JOHN E. SIGLER   |  |  |  |  |
|             | Name (Printed or typed)  |  |  |  |  |
|             | P.O. Box 650962 Address  |  |  |  |  |
|             | Address  |  |  |  |  |
|             | MIAMI, FL 33265  |  |  |  |  |
|             | City, State & Zip  |  |  |  |  |
| _           | 305-877-2253   |  |  |  |  |
|             | Daytime Telephone number   |  |  |  |  |
| _           | JCREWREALTY@ YAhoo. Com  |  |  |  |  |
| <del></del> | E-mail address: (to be used 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 NAME The name of the corporation shall be:  J. CREW REALTY SERVICES, I  | INC.  |
| ARTICLE II PRINCIPAL OFFICE  The principal street address and mailing address, if different is:  MAILING: P.O. BOX 650 962 STREET: 3302 VIII.  MIAMI, FL 33265 MIAMI, F  ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  ALL LAW FULL BUSINESS | AGE GREEN DRIVE   |
| ARTICLE IV SHARES  The number of shares of stock is:  \[ \lambdo O \text{O} \]  ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS  List name(s), address(es) and specific title(s):  \[ \text{TOHN E. SIGLER PRESIDENT} \]  | 10 JUL 16 PH 2: 10 SECRETARY OF STATE TALLAHASSEE FLORIDA |
| ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered ag  |   |
| JUSTIN SIGLER  14355 SW 112 TERMACE  MIAMI, FL 33186  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  JOHN E. SIGLER  POBOX 650962  MIAMI, FL 33265   | ******  |
| Having been named as registered agent to accept service of process for the above place designated in this certificate, I am familiar with and accept the appointment agree to act in this capacity  Signature/Registered Agent  Signature/Incorporator                      |   |