

P110000054926

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2011 JUN -9 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FL 32301

COVER LETTER

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

SUBJECT: AFFY Property Preservation Co.
(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 Filing Fee
☐ \$78.75 Filing Fee & Certificate of Status

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

FROM: Christopher Martin
Name (Printed or typed)

10919 NW 17th Place
Address

Coral Springs, FL 33071
City, State & Zip

954-531-3165
Daytime Telephone number

MRCMART211@gmail.com
E-mail address: (to be used for future annual report notification)

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RECEIVED
TALLAHASSEE, FL 32314
SECRETARY OF STATE

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: AFFY PROPERTY PRESERVATION CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

10919 N.W. 17th Place
Coral Springs, FL 33071

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide mortgage field services including property inspections, property preservation, REO property maintenance, valuation services.

ARTICLE IV SHARES

The number of shares of stock is: 10,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Christopher MARTIN
Address: 10919 N.W. 17th Place
Coral Springs, FL 33071

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Christopher MARTIN
Address: 10919 N.W. 17th Place
Coral Springs, FL 33071

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

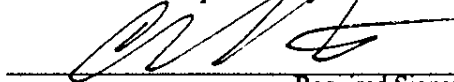


Required Signature/Registered Agent

6-2-11

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.



Required Signature/Incorporator

6-2-11

Date

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