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Special Instructions to	Filing Officer:		
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Office Use Only



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J. Shivers JUL 22 2011

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

						
All Professional Prope	rty Managen	nent Inc.				
· · · · · · · · · · · · · · · · · · ·			-			
			Art of Inc. File			
			Foreign Corp. File			
			Foreign Corp. File			
			Fictitious Name File			
			Trade/Service Mark			
			Merger File			
			Art. of Amend. File			
			RA Resignation			
		Ì	Dissolution / Withdrawal			
			Annual Report / Reinstatement			
			Cert. Copy			
			Photo Copy			
			Certificate of Good Standing	7		
			Certificate of Status			
			Corp Record Search	Ç.		
		1	Corp Record Search	ì		
			Officer Search			
			Fictitious Search			
Signature			Fictitious Owner Search			
		_	Vehicle Search			
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Requested by: Seth	07/21/11		UCC 1 or 3 File			
Name	Date	Time	UCC 11 Search			
Walk-In	Will Pick Up		UCC 11 Retrieval			

COVER LETTER

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

SUBJECT: ALL PROFESSIONAL PROPERTY MANAGEMENT, INC					
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>) Enclosed are an original and one (1) copy of the articles of incorporation and 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: DEBI JENSEN Name (Printed or typed)					
1626 SW TAURUS LANE Address					
PORT SAINT LUCIE, FL 34984 City, State & Zip					
772-370-9607 Daytime To	elephone number				

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

DEBI.JENSEN@CENTURY21.COM

E-mail address: (to be used for future annual report notification)

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

ARTICLE I N The name of the corp	VAME ALL PROFESSIONAL oration shall be:	PROPERTY MANA	AGEMENT, INC.
	PRINCIPAL OFFICE		
13	Principal <u>street</u> address 99 SE PORT ST. LUCIE BLVD. PRT SAINT LUCIE, FL 34952	Mailir	ng address, if different is:
ARTICLE III P	URPOSE		
	ch the corporation is organized is: E RENTALS AND PROPERTY MA	NAGEMENT	
ARTICLE IV S The number of shares		rs.	
Name and Title	DEBI JENSEN, PRESIDENT/DIRECTO	OR Name and Title:	
Address:	1626 SW TAURUS LANE PORT SAINT LUCIE, FL 34984	Address:	
Name and Title	e:	Name and Title:	
Address:		Address:	
Name and Title Address:	:	Address:	
	POISTEDED ACENT	_	₹39 1
	EGISTERED AGENT la street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name: Address:	DEBI JENSEN 1626 SW TAURUS LANE	<u> </u>	
Addiess.	PORT SAINT LUCIE, FL 34984	<u> </u>	
ARTICLE VII II	NCORPORATOR		
•	ess of the Incorporator is:		
Name: Address:	DEBLJENSEN 1626 SW TAURUS LANE PORT SAINT LUCIE, FL 34984	_ _ _	37
	as registered agent to accept service of proce familiar with and accept the appointment as re		
´W	Required Signature/Registered Agent		<u>4/20/11</u> Date
	ent and affirm that the facts stated herein a artment of State constitutes a third degree felo		
iOil	Required Signature/Incorporator		7/20/11 Date