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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

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

SUBJECT: PMO PROPERTY MA	ANAGEMENT, TENAME-MUSTINCI	ZVC LUDE SUFFIX)	_	
Enclosed are an original and one (1) copy of the art	icles of incorporation an	d a check for:	ı	
Filing Fee \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status		
	ADDITIONAL CO	OPY REQUIRED		
FROM: PATRICIA M. O'S. Name	e (Printed or typed)	ΓĂĹ	201	
10713 FRONT BEACH	1 Iddi 035	LAHASSE	2012 JUN   ]	
PANAMA City Sea City,	· •	32407 FLORIDA	AH   1:43	4.1
950 - 630 - 13.  Daytime 1  Ode 11. p@ Comens  E-mail address: (to be use			Ĝi	

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)

	NAME rporation shall be: PMU property management, PRINCIPAL OFFICE	
	Principal street address Maili	ing address, if different is:
1	10713 FRONT BEACH ROAD# 201	SAME
	PANAMA City Beach, FI	34,11,6
	7	
ARTICLE III	hich the corporation is organized is:	
	, -	
PRODERT	y MANAGEMENT SERVICES	
	GTLA DWG	
	SHARES es of stock is: 100	
	INITIAL OFFICERS AND/OR DIRECTORS	
Address:	tle: Tatecia M. O.D. all, Peas   Teasure Blame and Title:	
	art and	
	Parlama City Beach, F1 32407	
Name and Ti	tle:Name and Title:	
Address:	مسمدال المشارك المسارك	
Name and Ti	tle: Name and Title:	
Address:	Address:	
		<u> </u>
		TA: 22
	REGISTERED AGENT	2012 JUN ALLAHA
he name and Floi Name:	rida street address (P.O. Box NOT acceptable) of the registered agent is:  \( \times \): (I'am \( 5 \). Ho \( \text{left} \), \( \text{TE} \), \( PA \)	A: E
Address:	1727 50. COUNTY HWY 393	AS: #
	SANTA ROSA BOACH, Fl 32459	
ARTICLE VII	INCORPORATOR	Cut ==
	ress of the Incorporator is:	
Name:	PMO PROPERTY MANAGEMENT, INC	
Address:	10713 FLONT BEACHUROND # 201	5 5
	PMO PROPERTY MANAGEMENT, INC 10713 FRONT BEACHUROND # 201 PANAMA City BEACH, 71 32407	
Imina haan nama	d as registered agent to accept service of process for the above stated of	cornoration at the place designated
his certificate. I an	n familiar with and accept the appointment as registered agent and agree	to act in this capacity
1	THE THE	111.
/ <b>λ</b>	A SALLING	6/7/12
1 /	Required Sandame/Registered Agent	Date
	4 . D	
submit this docum	ment and affirm that the facts stated herein are true. I am aware that	the false information submitted in
submit this docur	ment and affirm that the facts stated herein are true. I am aware that partment of State constitutes a third degree felony as provided for in s.8.	the false information submitted in 17.155, F.S.  Date