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PICK-UP	MAIT	MAIL
(Business Entity Name)		
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
<i>!</i>		
Office Hee Only		
Office Use Only		



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COVER LETTER

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

Tallahassee, FL 323	314		
SUBJECT: JP F	PROPERTY MANA	AGEMENT SEF	RVICES, INC
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	l a check for:
\$70.00 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: C	onsuelo C. Fern		
0.4		e (Printed or typed)	
94	15 Sunset Drive	Address	
M	iami, FL 33173	State & Zip	
(3	05) 443-2088		

Cfernandez@candctitle.com

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

Daytime Telephone number

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 II	PRINCIPAL OFFICE	
	Principal street address	Mailing address, if different is:
	6171 Miami Lakes Drive, #9A Miami Lakes, FL 33014	
ARTICLE III	PURPOSE	
he purpose for	which the corporation is organized is: initially	y as an appraisal management company. To engage in any activities or
ousiness permit	ted under the Laws of the United States and	f Florida. In genenral, to carry on any other business whatsoever
n connection wi	th the foregoing or which is calculated, direc	ctly or indirectly, to promote the interest of the corporation or to
enhance the va	alue of its properties. Further to borrowe	er , mortgage or raise money in the interest of the company.
ARTICLE IV	SHARES 500	
The number of sl	nares of stock is: 500	
ARTICLE V	INITIAL OFFICERS AND/OR DIRI	
		Name and Title:
Address:	Miami Lakes Drive, #9A Miami Lakes, FL 33014	Address:
	man Editod, 1 E 000 14	
Name and	Title: John P. Pena, Vice President	Name and Title:
Address:	6171 Miami Lakes Drive, #9A	Address:
	Miami Lakes, FL 33014	
Name and	Title	Name and Title:
Address:	Title.	
ARTICLE VI	REGISTERED AGENT lorida street address (P.O. Box NOT accept	stable) of the registered event is:
Name:	Consuelo C. Fernandez, Esq.	nable) of the registered agent is.
Address:	9415 Sunset Drive, #290	
	Miami, FL 33173	
ARTICLE VII	INCORPORATOR	
The <u>name and a</u>	ddress of the Incorporator is:	
Name:	Consuelo C. Fernandez, Esq.	
Address:	9415 Sunset Drive, #290	
	Miaml, FL 33173	
Having been nai	ned as registered agent to accept service of	process for the above stated corporation at the place designated in
his certificate, I	am familiar with and accept the appointme	nt as registered agent and agree to act in this capacity
long	B / Far wind	
Missi	ielo C Tornein	12/04/2012
	Required Signature/Registered Ag	ent Date
		ein are true. I am aware that the false information submitted in a
	Department of State constitutes a third degr	ee felony as provided for in s.817.155, F.S.
		ee felony as provided for in s.817.155, F.S.