

#064 P.001/003

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## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number: 075350000353 : (800)221-2972 Phone Fax Number : (888)692-9256

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: FLORIDA PROFIT/NON PROFIT CORPORATION JMMF FLORIDA PROPERTY INC. Certificate of Status Certified Copy 0 Page Count 02 Estimated Charge \$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

ARTICLE II PRINCIPAL OFFICE Principal street address to Heidner Law Firm, P.C.		Mailing address, if different is: c/o Heidner Law Firm, P.C.			
500 Fifth Ave. Suite 1810		500 Fifth	500 Fifth Ave. Suite 1810		
New York, NY 10110		New York, NY 10110			
	the corporation is organized is:				
		<u></u>			
ARTICLE IV SILA The number of shares of ARTICLE V LIST	RES 1,000  of stock is:  IAL OFFICERS AND/OR DIRECTORS  Marcula Carragge Opicilliana P Gippi		Marilia Camareo Quintiliano Pession		
ARTICLE IV SILA The number of shares of	RES 1,000 of stock is: IAL OFFICERS AND/OR DIRECTORS Marcela Camargo Quintiliano P Giani	Name and Title:			
ARTICLE IV SILA The number of shares of ARTICLE V LIST	RES 1,000  of stock is:  IAL OFFICERS AND/OR DIRECTORS  Marcula Carragge Opicilliana P Gippi		Marilia Camargo Quintiliano Pessine c/o Heidner Luw Firm, P.C. 500 Fifth Ave. Suite 1810		
ARTICLE IV SHA The number of shares of ARTICLE V INIT Name and Ti	RES 1,000 of stock is:  IAL OFFICERS AND/OR DIRECTORS the:  Marcela Camargo Quintiliano P Giani c/o Heidner Law Firm, P.C.	Name and Title:	c/o Heidner Law Firm, P.C.		
ARTICLE IV SILA The number of shares of ARTICLE V INIT Name and Ti Address	IAL OFFICERS AND/OR DIRECTORS  Marcela Camargo Quintiliano P Giani c/o Heidner Law Firm, P.C.  500 Fifth Ave. Suite 1810  New York, NY 10110	Name and Title: Address:  Name and Title:	e/o Heidner Law Firm, P.C.  500 Fifth Ave. Spite 1810  New York, NY 10110		
ARTICLE IV SILA The number of shares of ARTICLE V LNIT Name and Ti Address Name and Tiu	IAL OFFICERS AND/OR DIRECTORS the:  Marcela Camargo Quintiliano P Giani c/o Heidner Law Firm, P.C.  500 Fifth Ave. Suite 1810  New York, NY 10110	Name and Title: Address:  Name and Title:	c/o Heidner Law Firm, P.C.  500 Fifth Ave. Spite 1810  New York, NY 10110		
ARTICLE IV SILA The number of shares of ARTICLE V INIT  Name and Ti  Address  Name and Tit  Address	IAL OFFICERS AND/OR DIRECTORS  Marcela Camargo Quintiliano P Giani c/o Heidner Law Firm, P.C.  500 Fifth Ave. Suite 1810  New York, NY 10110	Name and Title: Address:  Name and Title: Address:  Name and Title:	C/o Heidner Law Firm, P.C.  500 Fifth Ave. Suite 1810  New York, NY 10110  ACC 15  ACC 22  The Acc 22		

Name an	d Title:	Name and Title:	
Address		Address:	
		<del></del>	
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) o	of the registered agent is:	
Name:	Blumberg Excelsior Corporate Services Inc.		
Address:	155 Office Plaza Drive, 1st Fl.	_	
Maires.	Tallahassee, FL 32301	_	
ADTICLE VII	INCORPORATOR		
	ddress of the Incorporator is:		
Name:	Christian Curtis	_	15 SE
Address:	500 Fifth Ave. Suite 1810	<del>-</del> 	≥
	New York, NY 10110	_ _	22 F
ARTICLE VIII	other than the date of filing:	(OPTIONAL)	E P
(If an effective of days after the fi	date is listed, the date must be specific and cann	ot be more than five business d	
Note: If the date the document's comment's comment.	e inserted in this block does not meet the applicable ffective date on the Department of State's records	e statutory. filing requirements, the	is date will not be listed as
Having been na this certificate, l	med as registered again to accept service of proce.  am familiar with and accept the appointment as re	ss for the above stated corporation egistered agent and agree to act in	on at the place designated in a this capacity
	Required Signature Registered Agent	<u></u> .	Date
I submit this do	cument and affirm that the facts stated herein ar	e true. I am aware that the false	information submitted in a
document to the	Department of State constitutes a third degree feld	ony as provided for in 8.817.155, i	r.s. 
<u> </u>			3/12/15
Requ	ired Signature Incorporator		Date