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(Document Number)				
Certified Copies	_ Certificates	s of Status		
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FEB 2 6 2016 T SCHROEDER CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 034096 8084926 AUTHORIZATION: Smelle le man COST LIMIT : \$ 70.00 ORDER DATE: February 25, 2016 ORDER TIME : 2:37 PM ORDER NO. : 034096-005 CUSTOMER NO: 8084926 DOMESTIC FILING JANKOWSKI PROPERTIES, INC. NAME: EFFECTIVE DATE: XX ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Melissa Zender - EXT. 62956

EXAMINER'S INITIALS:

COVER LETTER

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

SUBJECT:	ANKOWSKI PROPORA	ERTIES, INC.	(IDE SUFFIX)
	(FROTOSED CORTORA	TE NAME - MOST MCD	OUL GUPTIA)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d 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	
	MARION JANKOS Nami		
<u> </u>	1137 CABOT STR	Address	
	PORT CHARLOTTE City,	FL 33953 State & Zip	
	941-815-8092 Daytime T AN PROPULUTE YA E-mail address: (to be use	elephone number	
	ANPROPLLE & YA	HOO, COM	notification)

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)

The name of the corpo	oration shall be: JANKOWSKI	PROPERTIES	INC.
ARTICLE II PRII 1137 Cabot	NCIPAL OFFICE Principal <u>street</u> address - Street	Mailing address, if different is:	
•	loH, FL 33953		
	h the corporation is organized is:		
Any & All	legal business w	uithin the sta	t of Florida
ARTIÇLE IV SHA	IRES	0.1	I6 FEB
	of stock is: 100,000 Wallsect		B 25 ART OF STANSSEE, FL
Name and T	ille: Joseph V Jan Kaws	K Name and Title:	4: 5
Address	President	Address:	
	1137 Capet St.		
	Port Charlotte 1723	33953	<u>.</u> .
Name and Ti	ile: Atice lankowski	Name and Title:	
Address	Vice President	Address:	
	1137 Capot St.	<u></u>	
	Port Charlotte, FL		
Name and Tit	ile: Alice Jankowski	Name and Title:	
Address	Secretary	Address:	
	1137 Capat St.		
	Port Charlotte, Fo	<u> 3</u> 3953	

Name and Title:	Name and Title:	· · · · · · · · · · · · · · · · · · ·			
Address	Address:				
		7			
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of	the registered agent is:				
Name: Marion Jankowski - Son	ac				
Address: 1137 Caket St.	-				
Port Charlotte, FL 33	3953				
ARTICLE VII INCORPORATOR		16 SEGI			
The <u>name and address</u> of the Incorporator is:		最高 日			
Name: Marion Jankowski-S		FILEI FB 25 FIARY OR MIASSEE,			
Address: 1137 Cabat St.		### : : • • • • • • • • • • • • • • • • • •			
Port Charlotte, FL 33	963	4: 57			
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:					
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.					
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 Corporation Service Company					
By: Mayen / pullettell - Signature/Registered Agent		2/22/2011/ Bate			
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.					
Mauen An Mauril - Somac Required Signature/Incorporator		Z/2Z/2016 Date			