

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet**P18000092459 203**

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

Email Address: _____

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DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
REGISTRATION SERVICESFLORIDA PROFIT/NON PROFIT CORPORATION
JMP SERVICE INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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H18000092459

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:JMP Service Inc**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

9601 SW 142 ave
apt 1401
Miami FL 33186**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Jan Francis Mireles (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

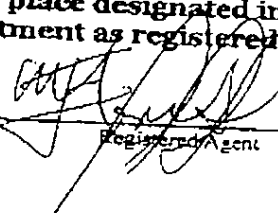
Jan Francis Mireles
9601 SW 142 AVE
APT 1401 Miami FL 33186**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Jan Francis Mireles
9601 SW 142 AVE
APT 1401 Miami FL 33186

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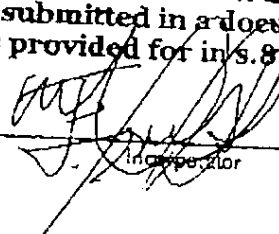
Required Signatures:

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



Registered Agent 3-21-18
Date

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. 877.155, F.S.



Incorporator 3-21-18
Date

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