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Transmission Report

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GM Financial

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Division of Corporations

Florida Department of State
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To:

Division of Corporations
Fax Number : (354)617-6381

From:

Account Name : GM FINANCIAL GROUP
Account Number : 219380001181
Phone : (354)428-6699
Fax Number : (354)428-6699

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

Email Address: BUKUP@GMFINGROUP.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
JMK SERVICES INC. FINANCIAL SERVICE

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Abbreviations:

HS: Host send
HR: Host receive
WS: Waiting send

PL: Polled local
PR: Polled remote
MS: Mailbox save

MP: Mailbox print
RP: Report
FP: Fax Forward

CP: Completed
FA: Fail
TU: Terminated by user

TS: Terminated by system
G3: Group 3
EC: Error Correct

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19 JAN -8 PM 5:27
TALLAHASSEE, FLORIDA

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January 9, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GM FINANCIAL GROUP

SUBJECT: JMK SERVICES, INC.
REF: W19000002263

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Nadira D McClees-Sams
Regulatory Specialist II
New Filing Section

FAX Aud. #:
Letter Number: 019A00000594

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

ARTICLE I NAME

The name of the corporation shall be: JMK FINANCIAL SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
739 PINE LAKE DRIVE

Mailing address, if different is:

DELRAY BEACH, FL 33445

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LEGAL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JEFFREY M. KLUPPT, PRES.

Name and Title: _____

Address: 739 PINE LAKE DRIVE

Address: _____

DELRAY BEACH, FL 33445

Name and Title: BARBARA KLUPPT, DIRECTOR

Name and Title: _____

Address: 739 PINE LAKE DRIVE

Address: _____

DELRAY BEACH, FL 33445

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (F.O. Box NOT acceptable) of the registered agent is:

Name: BARBARA KLUPIT
Address: C/O GM FINANCIAL GROUP LIMITED INC

1499 W PALMETTO PARK RD #130, Boca Raton FL 33486

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: JEFFREY M. KLUPIT
Address: 739 PINE LAKE DRIVE
DELRAY BEACH, FL 33445

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TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

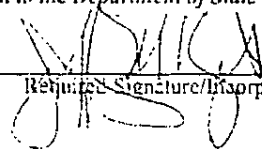
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature/Registered Agent

1/10/19
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.817.155, F.S.


Required Signature/Incorporator

1/10/19
Date