

P96000010536

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
 TOLL FREE No. 1-800-342-8062
 FAX (904) 222-1222

NAME _____

FIRM _____

ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service Two Day Service

To us via _____ Return via _____

Mailor No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

RE: Im Properties LLC

Palm Beach, FL 33411

STANDARD SERVICE DISCOUNTED
 TALLAHASSEE, FLORIDA

- ☒ Capital Express™
- ☒ Art. of Inc. Filing
- ☐ Corp. Record Search
- ☐ Ltd. Partnership Filing
- ☐ Foreign Corp. Filing
- ☐ (-) Cert-Copy(s)
- ☐ Photo
- ☐ Art. of Amend. Filing
- ☐ Dissolution/Withdrawal
- ☐ C U S -
- ☐ Fictitious Name Filing
- ☐ Name Reservation
- ☐ Annual Report/Reinstatement
- ☐ Reg. Agent Service
- ☐ Document Filing
- ☐ Corporate Kit
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ Document Retrieval
- ☐ UCC 1 or 3 Filing
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval
- ☐ Filing No.'s, Copies
- ☐ Courier Service
- ☐ Shipping/Handling
- ☐ Phone ()
- ☐ Top Priority
- ☐ Express Mail Prop.
- ☐ FAX () pgs.

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-02/02796-01021-013

*****70:00 *****70:00

96 FEB -21 AM 10:08
 DIVISION OF CORPORATION

RECEIVED

SUBTOTALS _____

FEE.....	\$ _____
DISBURSED.....	\$ _____
SURCHARGE.....	\$ _____
TAX on corporate supplies.....	\$ _____
SUBTOTAL.....	\$ _____
PREPAID.....	\$ _____
BALANCE DUE.....	\$ _____
	\$ _____

Please remit invoice number with payment
 TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum.

THANK YOU
 from
 Your Capital Connection

REQUEST TAKEN CONFIRMED APPROVED
 DATE 2/1/96
 TIME 1:00
 BY CD

WALK-IN
 Will Pick Up _____

TRANSMITTAL LETTER

FILED
96 FEB -2 AM 11:11
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDADepartment of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314SUBJECT: JM Properties of Palm Beach, Inc.
(Proposed corporate name - must include suffix)Enclosed is an original and one (1) copy of the articles of incorporation and a check
for:☐ \$70.00
Filing Fee☐ \$78.75
Filing Fee
& Certificate☐ \$122.50
Filing Fee
& Certified Copy☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM:

DARMA SAINMERVIL

Name (Printed or typed)

9179 SW 16 ST

Address

BOCA RATON, FL 33428

City, State & Zip

(407) 451-4419

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned, acting as an incorporator of a corporation pursuant to Chapter 617, Florida Statutes, adopts the following articles:

FILED
96 FEB -2 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I

The name of the corporation shall be: J M Properties of Palm Beach, Inc.

ARTICLE II

The principal place of business and the mailing address of the corporation:
9179 SW 16th Street, Boca Raton, Florida 33428

ARTICLE III

The purpose of this corporation is : to broker , to buy, to sell and/or to develop real estate.

ARTICLE IV

The manner in which the directors are elected or appointed shall be stated in the bylaws of the corporation, and as recommended by the shareholder.

ARTICLE V

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes.

ARTICLE VI

The name and the street address of the initial registered agent is :
Darma Sainmervil, 9179 SW 16th Street, Boca Raton, Florida 33428

ARTICLE VII

The incorporator for these articles are:

President: Darma Sainmervil 9179 SW 16 St., Boca Raton, Florida 33428
Vice President: Darma Sainmervil 9179 SW 16 St., Boca Raton, Florida 33428
Secretary: Darma Sainmervil 9179 SW 16 St., Boca Raton, Florida 33428

The undersigned incorporator has executed these articles of incorporation this 30th
day of JANUARY, 1996.



P.B.

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 807.0501 OR 817.0501, FLORIDA
STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE
LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE
OF FLORIDA.

1. The name of the corporation is: JM PROPERTIES OF PALM BEACH, INC.
(must include suffix)

2. The name and address of the registered agent and office is:

DARMA SAINMERVIL

(Name)

9179 S.W. 16 ST

(Street address - P. O. Box or Mail Drop Box NOT acceptable)

BOCA RATON, FL. 33428

(City/State/Zip)

Having been named as registered agent and to accept service of process for the above
stated corporation at the place designated in this certificate, I hereby accept the
appointment as registered agent and agree to act in this capacity. I further agree to
comply with the provisions of all statutes relating to the proper and complete perform-
ance of my duties, and I am familiar with and accept the obligations of my position as
registered agent.

Darma Sainmervil

(Signature)

1-30-76

(Date)