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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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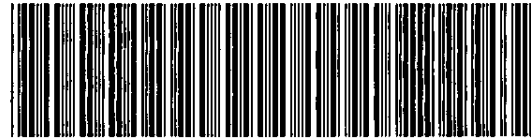
(Business Entity Name)

(Document Number)

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2011 DEC 12 PM 4:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12/13/2011

**COVER LETTER**

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

**SUBJECT:** GSM Holdings, Inc.  
(PROPOSED CORPORATE NAME - **MUST INCLUDE SUFFIX**)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00 Filing Fee	<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>			

**FROM:** Salomon Gorin  
Name (Printed or typed)

21304 West Dixie Highway  
Address

Aventura, FL 33180  
City, State & Zip

(786) 553-3737  
Daytime Telephone number

salogorin@gmail.com  
E-mail address: (to be used for future annual report 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)

**ARTICLE I NAME** GSM Holdings, Inc.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
21304 West Dixie Highway  
Aventura, FL 33180

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
Real Estate Investments

**ARTICLE IV SHARES**  
The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Salomon Gorin, President  
Address: 21304 West Dixie Highway  
Aventura, FL 33180

Name and Title: Melanie Elise Gorin, Secretary  
Address: 21304 West Dixie Highway  
Aventura, FL 33180

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Julio L. Guardado, CPA  
Address: 888 Brickell Key Dr., # 2407  
Miami, FL 33131-2670

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Salomon Gorin  
Address: 21304 West Dixie Highway  
Aventura, FL 33180

*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*

Julio L. Guardado  
Required Signature/Registered Agent

December 6, 2011  
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.*

Salomon Gorin  
Required Signature/Incorporator

December 6, 2011  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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