

From:

11/06/2013 11:04

#770 P.001/003

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800)221-2972
Fax Number : (888)692-9256

13 NOV -6 AM 11:06
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

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FLORIDA PROFIT/NON PROFIT CORPORATION
GMV 5859, INC.

Certificate of Status	0
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[Handwritten Signature]
11-7-13

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 NOV -6 AM 11:06

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: GMV 5859, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6301 Collins Ave

6301 Collins Ave

Ste 1103

Ste 1103

Miami Beach, FL 33141

Miami Beach, FL 33141

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to acquire, improve, own, develop, manage, finance, lease and otherwise operate the Asset and to otherwise deal with any Property that the Company may acquire or have a right to acquire, and, in that connection to finance and refinance the Asset and any Property, and ultimately to dispose of the Asset, and to do the same with respect to any Property that the Company may acquire, have a right to acquire as a result of its ownership of the Asset and to engage in any and all business in connection therewith. The Company shall have the authority to do all things necessary or convenient to accomplish its purpose and operate its business as described in this Article.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Vincenzo Conticello - President

Name and Title: _____

Address 6301 Collins Ave

Address: _____

Ste 1103

Miami Beach, FL 33141

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

From:

11/06/2013 11:04

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(cont.)

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

ARTICLE VI REGISTERED AGENT

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

Name: Vincenzo Conticello – President

Address: 6301 Collins Ave, Ste 1103

Miami Beach, FL 33141

ARTICLE VII INCORPORATOR

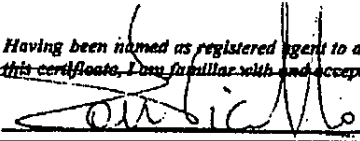
The name and address of the Incorporator is:

Name: Ana Maisonave

Address: 16 Court St

Brooklyn, NY 11241

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

11/4/2013

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

11/24/2013

Date