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SECRETARY OF STATE TALLAHASSEE, FLORIDA

W1-15120

B McKnight APR 06 2010.

COVER LETTER

	ew Filing Sec ivision of Co			
SUBJEC	T: Gerson I	Management, Marketing and	I H.R. Solutions, Inc.	
		Name of corpora	ation - must include suffix	
Dear Sir o	or Madam:			
"Certifica	te of Existence		for Authorization to Transac Standing" and check are sub- siness in Florida.	
Please reti	um all corres	ondence concerning this m	atter to the following:	
Robbie G	. Gerson			
		Name	e of Person	· · · · · · · · · · · · · · · · · · ·
Gerson M	lanagement, l	Marketing and H.R. Solution	s, Inc.	
		Firm/	Company	
2979 Wer	ntworth Way			
		A	ddress	
Tarpon S	prings, Florida	a 34688		
		City/Sta	ate and Zip code	
gersonmg	t@yahoo.cor	n		
		E-mail address: (to be us	sed for future annual report n	otification)
For furthe	r information	concerning this matter, plea	ase call:	
Robbie G.	. Gerson	at (⁷²⁷) 639-2449	
N	lame of Perso		rea Code & Daytime Telepho	one Number
No Di Cl 26 Ta	ew Filing Sectivision of Confister Building Building 61 Executive allahassee, FL	porations g : Center Circle	MAILING Al New Filing Se Division of Co P.O. Box 6327 Tallahassee, F	ction orporations 7
☑ \$70.00	Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy



March 26, 2010

ROBBIE G. GERSON 2979 WENTWORTH WAY TARPON SPRINGS, FL 34688

SUBJECT: GERSON MANAGEMENT, MARKETING AND H.R. SOLUTIONS,

INC.

Ref. Number: W10000015120

We have received your document for GERSON MANAGEMENT, MARKETING AND H.R. SOLUTIONS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight Regulatory Specialist II New Filing Section

Letter Number: 210A00007498

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")					
	(If name unavail	able in Florida, enter alternate corporate na	ıme	adopted for the purpose of transacting business in Florid	<u>a)</u>
2.	Wyoming		3.	27-1771835	
(State or country under the law of which it is incorporated)		(FEI number, if applicable)			
4. March 8, 2010		•	5.	Perpetual	
	(Date	of incorporation)		(Duration: Year corp. will cease to exist or "perpetual"	<u>')</u>
6.	N/A				
				n Florida, if prior to registration) 502, F.S., to determine penalty liability)	_
7	2979 Wentworth	Way Tarpon Springs, Florida 3468	8		<u> </u>
		(Principal office	add	ress)	
	2979 Wentwort	h Way Tarpon Springs, Florida 3468	8		
		(Current mailing	add	ress)	
8.	Consulting				
	(Purpose(s) of corporation authorized in home state of	or co	· · · · · · · · · · · · · · · · · · ·	_ ;;;
9. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)				7.5	
	Name:	Robbie G. Gerson			1500
Of	ffice Address:	2979 Wentworth Way			
		Tarpon Springs		, Florida 34688	200 m
		(City)		(Zip code)	

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Robbie G. Gerson Address: 2979 Wentworth Way Tarpon Springs, Florida 34688 Vice Chairman: Address: ___ Address: __ Director: _ Address: _ **B. OFFICERS** President: Address: _____ Vice President: Address: __ Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. (Signature of Director or Officer listed in number 12 of the application) Kobbic Owner Chairman President and

(Typed or printed name and capacity of person signing application)

ر الله إلى الله

STATE OF WYOMING Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that the filing requirements for the issuance of this certificate have been fulfilled.

CERTIFICATE OF INCORPORATION

Gerson Management, Marketing and H.R. Solutions, Inc.

Accordingly, the undersigned, by virtue of the authority vested in me by the law, hereby issues this Certificate.

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on this **8th** day of **March**, **2010**.

10 APR -5 PH 1:39

SECRETARY OF STATE



Filed Date: 03/08/2010

Max Massiell Secretary of State

By: Lisa Gonzales