F10000003009

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiliess Ellity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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SECHETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

	Filing Section sion of Corporation	ns			
SUBJECT:	GWM GROUP II	NC			_
		Name of co	orporation -	must include suffix	_
Dear Sir or M	ladam:				
"Certificate of		Certificate of (Good Stand	ing" and check are sub	ct Business in Florida," mitted to register the
Please return	all correspondence	e concerning t	his matter t	o the following:	
JOSE C GO	NZALEZ				
			Name of P	erson	
GWM GROU	P INC				
	****		Firm/Comp	oany	
410 PARK A	VENUE, SUITE 4	10			
			Addres	S	
NEW YORK,	NY, 10022				
		Ci	ty/State an	d Zip code	
JCGONZALE	Z@GWMGROUF	PINC.COM			
	E-m	ail address: (to	be used for	r future annual report r	notification)
For further in	formation concert	ning this matte	r, please ca	11:	
JOSE C GON	IZALEZ	at (212) 644 6550	
Nam	e of Person		· · · · · · · · · · · · · · · · · · ·	ode & Daytime Teleph	one Number
New Divis Clifto 2661 Talla	EET/COURIER Filing Section ion of Corporation on Building Executive Center hassee, FL 32301 check for the follow	ns Circle	:	MAILING A New Filing Se Division of Co P.O. Box 6327 Tallahassee, F	ction orporations 7
□ \$70.00 Fil		8.75 Filing Fe ertificate of St		\$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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.

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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.

APPIONEL AND

12. Names and business addresses of officers and/or directors:

10 JUL - 1 PM 4: 30 A. DIRECTORS Chairman: JOSE C GONZALEZ Address: 410 PARK AVENUE, SUITE 410 **NEW YORK, NY, 10022** Vice Chairman: Address: ___ Director: _ Address: ___ Director: Address: __ **B. OFFICERS** President: JOSE C GONZALEZ Address: 410 PARK AVENUE, SUITE 410 **NEW YORK, NY, 10022** Vice President: Address: ____ Secretary: _ Address: __ Address: _____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) 14. JOSE C GONZALEZ

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



Texas Comptroller of Public Accounts

SUSAN COMBS · COMPTROLLER · AUSTIN, TEXAS 78774

June 21, 2010

CERTIFICATE OF ACCOUNT STATUS

THE STATE OF TEXAS COUNTY OF TRAVIS

I, Susan Combs, Comptroller of Public Accounts of the State of Texas, DO HEREBY CERTIFY that according to the records of this office

GWM GROUP, INC.

is, as of this date, in good standing with this office having no franchise tax reports or payments due at this time. This certificate is valid through the date that the next franchise tax report will be due May 16, 2011.

This certificate does not make a representation as to the status of the entity's registration, if any, with the Texas Secretary of State.

This certificate is valid for the purpose of conversion when the converted entity is subject to franchise tax as required by law. This certificate is not valid for any other filing with the Texas Secretary of State.

GIVEN UNDER MY HAND AND SEAL OF OFFICE in the City of Austin, this 21st day of June 2010 A.D.

Susan Combs

Texas Comptroller

Taxpayer number: 17526894914

File number: 0143215000

Form 05-304 (Rev. 12-07/17)

SECRETARI OF STATE

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