### Florida Department of State

**Division of Corporations Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180003304973)))



		ll generate another			<u>- کی در -</u>	
To:					3	Z
	Division of Cor Fax Number	rporations : (850)617-6383			## 785	02 AON 8182
From:					SE N	2
FT QIII:		: REGISTERED AG	ENTS INC.		س س	AM 11: 26
	Account Number	: 120090000081 : (307)200-2803			KON KIS	=
	Fax Number	: (855)330-1010			2000	~
annual	email address for report mailings.	this business of Enter only one	email address	s please	futu .**	re
annual Email A	report mailings.	Enter only one	email address	s please	r futu .**	re
annual Email A	report mailings.  Address: OREIGN PROFI	Enter only one	email address	s please	f futu .**	re
annual Email A	report mailings.  Address: OREIGN PROFI	Enter only one T/NONPROFIT G.E.M. Group In	email address	s please	futu **	re
annual Email A	report mailings.  Address:  OREIGN PROFI  G	Enter only one T/NONPROFIT G.E.M. Group In	email address CORPORA	s please	futu .**	re
annual Email A	report mailings. Address: OREIGN PROFI G Certificate of Stat	Enter only one T/NONPROFIT G.E.M. Group In	CORPORA	s please	futu **	re

Electronic Filing Menu Corporate Filing Menu

Help

## 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.

1.	G.E.M. Group In	С.				_
		orporation; must include "INCORPORATED,' orp.," "Inc.," "Co," or "Corp.")	"COMPANY," "CORPORATION,"			
	G.E.M. Group (	(WY) Inc.				_
	(If name unavaila	ble in Florida, enter alternate corporate name	adopted for the purpose of transacting bus	iness in Flo	orida)	
2.	Wyoming	3.				<b>.</b> _
	(State or country	y under the law of which it is incorporated)	(FEI number, if application	ble)		
4.	2/22/2016	5.	Perpetual			
	(Date	of incorporation)	(Date of duration, if other than	metual)	~2	
6.	N/A			<u>F</u>	=	_
			n Florida, if prior to registration) 502, F.S., to determine penalty liability)	NE INT	HOY 20	F
7.	3030 N. Rocky F	Point Dr. STE 150A Tampa, FL 33607		338		רבט בורבט
		(Princip	oal office address)	77 S	AM 11: 2	
	3030 N. Rocky F	Point Dr. STE 150A Tampa, FL 33607			<del></del>	_
		(Current mailir	ng address, if different)	57	26	
8.	Name and stree	et address of Florida registered agent: (P.C	O. Box NOT acceptable)			
	Name:	Registered Agents Inc.				
Ó	ffice Address:	3030 N. Rocky Point Dr. STE 150A	<del></del>			
		Tampa	, Florida 33607			
		(City)	(Zip code)			

#### 9. 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.

Bel have
(Registered agent's signature)

10. 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.

11. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman:
Address:
Vice Chairman:
Address:
Director: Paul F Mazzapica Jr
Address: 3030 N. Rocky Point Dr. STE 150A
Tampa, FL 33607
Director:
Address:
B. OFFICERS
President: Paul F Mozzapica Jr
Address: 3030 N. Rocky Point Dr. STE 150A
Tampa, FL 33607
Vice President:
Address:
Secretary: Paul F Mazzapica Jr
Address: 3030 N. Rocky Point Dr. STE 150A Tampa, FL 33607
Treasurer: Paul Mazzapica
Address: 3030 N. Rocky Point Dr. STE 150A Tampa, FL 33607
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.  Signature of Director or Officer  The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.
Paul F Mazzapica Jr, President

# STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that

#### G.E.M. Group, INC.

a profit corporation originally incorporated under the laws of **Nevada** on **October 23**, **2003** did on **February 22**, **2016**, apply for a Certificate of Incorporation and filed Articles of Continuance in the office of the Secretary of State of Wyoming.

I FURTHER CERTIFY that this profit corporation has renounced its state or country of incorporation, and is now incorporated under the laws of the state of Wyoming is in good standing as of the date of this certificate.

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on **November 15, 2018**.

Filed Date: 10/23/2003

Secretary of State

By: Angie Gonzales Nov 20 AM | Angie Gonzales | Angie Gon