

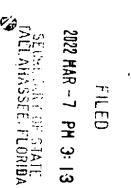
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only

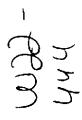


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12/21/21--01010--010 **78.75



T. LEMIEUX MAR 08 2022



COVER LETTER

то:	Registration Section Division of Corporations					
SUB.	ECT: G.M.P Builders Inc.					
0020	Name of corpor	ation - mu	ist include suffix			
Dear S	ir or Madam:					
"Certi	closed "Application by Foreign Corporation ficate of Existence," or "Certificate of Good referenced foreign corporation to transact b	Standing	" and check are sub			
Please	return all correspondence concerning this n	natter to th	ie following:			
Patrick	Roberts					
	Nan	ne of Perso	on			
G.M.P	Builders Inc					
	Firm	/Company	,			
625 Ca	sa Loma Blvd., unit 204					
		Address				
Boynto	n Beach FL 33435					
	City/S	tate and Z	ip code	· · · · · · · · · · · · · · · · · · ·		
patrick	@gmpgroupglobal.com					
	E-mail address: (to be	ised for fu	ture annual report n	otification)		
For fu	ther information concerning this matter, plo	ease call:				
Patrick Roberts 786			720 0785			
	Name of Person Area	Code	Daytime Teleph	none Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING Al Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7		
Please	ted is a check for the following amount: make check payable to: FLORIDA DEPARTM 0.00 Filing Fee S78.75 Filing Fee & Certificate of Status	□ \$78	STATE 3.75 Filing Fee & rtified Copy	□ \$87.50 Filing Fee, Certificate of Status &		



February 15, 2022

PATRICK ROBERTS 625 CASA LOMA BLVD UNIT 204 BOYNTON BEACH, FL 33435

SUBJECT: G.M.P. BUILDERS INC. Ref. Number: W22000000444

We have received your document for G.M.P. BUILDERS INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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) 245-6051.

Letter Number: 322A00000165

Tracy L Lemieux Regulatory Specialist II

www.sunbiz.org

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. GMP Builde									
	orporation; must include "INCORPORA orp," "Inc," "Co," or "Corp.")	TED," "COMPANY," "CORPORATION,"							
GMP Group Glo	obal Incorporated								
(If name unavail	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)								
2. Georgia		33							
(State or countr	y under the law of which it is incorporate	ed) (FEI number, if applicable)							
4. 05/05/2018									
· · · · · · · · · · · · · · · · · · ·	of incorporation)	5(Date of duration, if other than perpetual)							
6.									
·		ness in Florida, if prior to registration) 607.1502, F.S., to determine penalty liability)							
7 10380 NW 53rd	Ave., Sunrise FL 33351								
/·		pal office street address)							
625 Casa Loma	Blvd. Unit 204, Boynton Beach FL								
	(Current	mailing address, if different)							
8. Name and stre	et address of Florida registered agent:	: (P.O. Box <u>NOT</u> acceptable)							
Name:	Patrick Roberts	<i>5</i> ′s							
Office Address:	625 Casa Loma Blvd Unit 204	Florida 33435 (Zip code) FLED (Zip code) (Zi							
	Boynton Beach FL	Florida 33435							
	(City)	(Zip code) Single T							
9 Registered ag	ent's acceptance:	Tall PR							
Having been nan	ied as registered agent and to accept	· · · · · · · · · · · · · · · · · · ·							
designated in this	s application, I hereby accept the app	pointment as registered agent and agree to act in this capacity. I							
	comply with the provisions of all states r with and accept the obligations) of t	tutes relative to the proper and complete performance of my dutie my position as registered agent.							
..									
	YM	M							
_	(Registered age	ent's signature)							
	(Registered age	ant's signature)							

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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.

A. DIRECTORS	•			
□Chairman	Name: Patrick Roberts	□ Chairman	Name:	
□Vice Chairman	Address:	□ Vice Chairman	Address:	
□Director	Unit 204	Director	Lavonia GA 30553	
□President	Boynton Beach FL 33435	□President		
■ Vice President		□Vice President		
Secretary	Treasurer	☐ Secretary	□Trea	asurer
Other	Other	□Other	Oth	er
☐ Chairman ☐ Vice Chairman ☐ Director ☐ President ☐ Vice President ☐ Secretary ☐ Other	Plantation FL 33313	□ Director □ President	□Tre	
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		President		
□Vice President		□Vice President		
☐ Secretary	☐ Treasurer	□Secretary	∏Tre	easurer
Other	Other	Other	Oil	ner
12	Signature of Director of Signature of Director of Control of the Control of Signature of Director of Control of Signature of Director of Signature of Signatu	ent of State Annual R or Officer er 11 above) affirms t	hat the facts stated herein	are true and that he o

Control Number: 18025622

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

1. Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

GMP Builders Inc. a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 22577711
Date Inc/Auth/Filed: 02/22/2018
Jurisdiction : Georgia
Print Date : 02/21/2022

Form Number : 211



Brad Rafforsperger

Brad Raffensperger Secretary of State