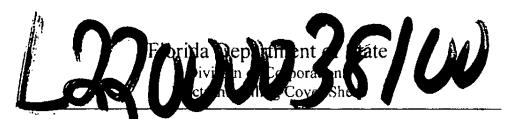
Division of Corporations



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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067

Phone : (845)425-0077 Fax Number : (845)818-3538

**Enter the email address for this business entity to be used for future $\frac{1}{2\pi i}$ annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO.

GMG Asset Management LLC

Certificate of Status	0_
Certified Copy	0
Page Count	03
Estimated Charge	S125.00

T. SCOTT FEB 03 2022

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Corporate Filing Menu

Help

ARRICH SCHORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ANIA, LES AVAGANZATION FOR FLON	DA DAIDED LADILITT COMPANT
RTICLE I - Name:	
name of the Limited Liability Company is:	
GMG Asset Management LLC	
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
CTICLE II - Address:	
e mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1100 Brickell Bay Dr., #77K	1100 Brickell Bay Dr., #77K
Miami, FL 33131	Miami, FL 33131
RTICLE III - Registered Agent, Registered Office, & Re	gistered Agent's Signature:
he Limited Liability Company cannot serve as its own Regi-	stered Agent. You must designate an individual or
other business entity with an active Florida registration.)	
ie name and the Florida street address of the registered agen	it are:

Vcorp Services, LLC

Nerse

1200 South Pine Island Road

Florida street address (P.O. Box <u>NOT</u> acceptable)

Plantation FL 33324
Cly State Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Mimi Sanik

Registered Agent's Signature (PEQUEED)

(CONINUED)

Page1df2

l'itle:	Name and Address:
AMBR" = Authorized	Member
MGR" = Manager	Anthony III Anina
AMBR	Anthony W. Arias 1100 Brickell Bay Dr., #77K
	Miami, FL 33131
	110 37171
AMBR	Nikko Tzitzifas
	1100 Brickell Bay Dr., #77K
	Miami, FL 33131
V: Effective date, if of title date, if of	ner than the date of filing:
EV: Effective date, if of ctive date is listed, the filling.) the date inserted in this nem's effective date on	ner than the date of filing:
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