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EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GMV 1+0LDINGS (Name of Limit	ted Liability Company)
	bility Company for Authorization to Transact Business in bmitted to register the above referenced foreign limited
Please return all correspondence concerning this m	atter to the following:
RANDELL C.D.	me of Person)
DOANE + DOANE (Fir	P.A. m/Company)
2000 PGA BI	UD SUITE 440 (Address)
NO. PALM BEAC	th FL 33408 ate and Zip Code)
For further information concerning this matter, ple	
TEANNA B CARROLLIS	Sat (561) 656-0213 7 7
(Name of Person)	(Area Code & Daytime Telephone Number)
MILLIA INDICESSI	
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\sum_\$125.00 \text{Filing Fee} \sum_\$\$130.00 \text{Filing Fee & Certificate of}\$	Status Certified Copy of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608-503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: (Name of Foreign Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.") DELAWARE
(Jurisdiction under the law of which foreign limited liability company is organized) PERPETUAL
(Duration: Year limited liability company will cease to exist or "perpetual") 11-14-07
(Date of Organization) (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: PAMELA K. HARRIS, Managing 3219 W. CHANNEL CIRCLE JUPITER, FL 33477 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Internet Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

Harris

Pamela K

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GMV HOLDINGS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF FEBRUARY, A.D. 2008.

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Warriet Smith Window Source of State

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6374027

DATE: 02-11-08

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	•	
GMV HOLDINGS LLC		
If name unavailable, the alternate name to be used in the state of Florida is:		•
2. The name and the Florida street address of the registered agent and office are:	200 SE TAL	
PAMELA K. HARRIS (Name)	2000 FEB 22 SECRETARY	2 A A A A A A A A A A A A A A A A A A A
3219 W. CHANNEL CIRCLE Florida Street Address (P.O. Box NOT ACCEPTABLE)	PM12: Y OF STA EE, FLOR	annium I annium
SUPITER FL 33477 City/State/Zip	38	

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 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)