M1800009489

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

Office Use Only



300319372503

10/16/18--01048--005 **125.00

OCT 15 200

18 OCT 15 PM 2: 03

347 18

COVER LETTER

-.

то:	Registratio Division of	n Section Corporations					
SUBJE	CT: GM/	A Investment,	LLC				
301312			Name of L	Limited Liability C	Company		
			ign Limited Liability Comp to register the above refere				
Please	eturn all corr	espondence co	ncerning this matter to the	following:			
	(Gavril Danny N	Jartinescu				
	_		Na	ame of Person			
	(GMA Investme	nt. LLC				
	Firm/Company						
		10220 Elbow f	Bend Rd				
				Address			
		Riverview, FL	33578				
City/State and Zip Code							
	•	dannymartines	cu@yahoo.com				
			E-mail address: (to be used	for future annual	report not	ification)	
For fur	ther informat	ion concerning	this matter, please call:				
	Gavril D	anny Martines	cu	at (704	361	-1090	
		Name of	Contact Person	Area Code	Day	time Telephone Number	
	Division of Registration P.O. Box 6				Division of Registrati Clifton B 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
Enclos	ed is a check \$\frac{2}{8}\$125.00	for the followi Filing Fee	ng amount: \$130.00 Filing Fee & Certificate of Status	S155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Ce of Status & Certified Cop	

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

IN COMPLIANCE WITH SECTION 605 0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	imited Liability Company; must include "Limited Lia		
	ne adopted for the purpose of transacting business in Florida, I	The alternate name must include "Limited Liab	bility Company," "L.L.C," or "LEC.")
Delaware	ch freeign limited liability company is organized)	3	per, if applicable)
	си наседи жиксе изониу согарану е ограниест	(FEI IMESE	ci, ii qqiisaore)
upon filing			
	(Date first transacted business in Florida, if prior to registr (See sections 605 0904 & 605 0905, F.S. to determine per	ration) malty liability)	
10220 Elbow Ben		6. 10220 Elbow Bend F	
(Street Address of Pr	·	(Mailing Addi Riverview FL 33578	ress)
Riverview FL 335	<u> </u>	Riverview PL 33376	
Name and street address	of Florida registered agent: (P.O. Box NC	OT acceptable)	18 (
Name:	Gavril Danny Martinescu		
Office Address:	10220 Elbow Bend Rd.		
	Riverview		വ
		, Florida	<u> </u>
egistered agent's accep	(City)	(Ζιρ cod	e)
esignated in this applicate comply with the provisi	gistered agent and to accept service of procion, I hereby accept the appointment as reons of all statutes relative to the proper and of my position as registered agent.	gistered agent and agree to act	t in this capacity. Identher
esignated in this applicate comply with the provisi	ion, I hereby accept the appointment as recons of all statutes relative to the proper and of my position as registered agent.	gistered agent and agree to act d complete performance of my	t in this capacity. Identher
esignated in this applicate comply with the provisi	ion, I hereby accept the appointment as re ons of all statutes relative to the proper and	gistered agent and agree to act d complete performance of my	t in this capacity. Identher
esignated in this applicate comply with the provision accept the obligations. The name, title or capa	ion, I hereby accept the appointment as resons of all statutes relative to the proper and of my position as registered agent. (Registered agent's signal city and address of the person(s) who has/ha	gistered agent and agree to act d complete performance of my well ave authority to manage is/are:	t in this capacity. I further duties, and I am familiar v
esignated in this applicate comply with the provision accept the obligations. The name, title or capatitie or Capatity;	ion, I hereby accept the appointment as resons of all statutes relative to the proper and of my position as registered agent. (Registered agent's signal city and address of the person(s) who has/hand name and Address:	gistered agent and agree to act d complete performance of my	t in this capacity. Identher
esignated in this applicate comply with the provision accept the obligations. The name, title or capa	city and address of the person(s) who has/ha	gistered agent and agree to act d complete performance of my well ave authority to manage is/are:	t in this capacity. I further duties, and I am familiar v
esignated in this applicate comply with the provision accept the obligations. The name, title or capatitie or Capatity;	city and address of the person(s) who has/ha Name and Address: Gavril Danny Martinescu 10220 Elbow Bend Rd.	gistered agent and agree to act d complete performance of my well ave authority to manage is/are:	t in this capacity. I further duties, and I am familiar v
esignated in this applicate comply with the provision accept the obligations. The name, title or capatitle or Capatitle or Capatity;	city and address of the person(s) who has/ha	gistered agent and agree to act d complete performance of my well ave authority to manage is/are:	t in this capacity. I further duties, and I am familiar v
esignated in this applicate comply with the provision accept the obligations. The name, title or capatitle or Capatitle or Capatity;	city and address of the person(s) who has/ha Name and Address: Gavril Danny Martinescu 10220 Elbow Bend Rd.	gistered agent and agree to act d complete performance of my well ave authority to manage is/are:	t in this capacity. I further duties, and I am familiar v
esignated in this applicate comply with the provision accept the obligations. The name, title or capatitie or Capatitie;	city and address of the person(s) who has/ha Name and Address: Gavril Danny Martinescu 10220 Elbow Bend Rd.	gistered agent and agree to act d complete performance of my well ave authority to manage is/are:	t in this capacity. I further duties, and I am familiar v
esignated in this applicate comply with the provision accept the obligations. The name, title or capatitle or Capatitle or Capatity;	city and address of the person(s) who has/ha Name and Address: Gavril Danny Martinescu 10220 Elbow Bend Rd.	gistered agent and agree to act d complete performance of my well ave authority to manage is/are:	t in this capacity. I further duties, and I am familiar v
esignated in this applicate comply with the provisional accept the obligations. The name, title or capatitle or Capatitle or Capacity; Manager	citon, I hereby accept the appointment as reports of all statutes relative to the proper and of my position as registered agent. (Registered agent's signal city and address of the person(s) who has/hane and Address: Gavril Danny Martinescu 10220 Elbow Bend Rd. Riverview, FL 33578	gistered agent and agree to act d complete performance of my well ave authority to manage is/are:	t in this capacity. I further duties, and I am familiar v
rsignated in this applicate comply with the provisional accept the obligations. The name, title or capatitle or Capacity; Manager Attached is a certificate risdiction under the law of the complete control of the law o	ion, I hereby accept the appointment as reports of all statutes relative to the proper and of my position as registered agent. (Registered agent's signal city and address of the person(s) who has/hane and Address: Gavril Danny Martinescu 10220 Elbow Bend Rd. Riverview, FL 33578 ary) of existence, no more than 90 days old, duly of which it is organized. (If the certificate is	gistered agent and agree to act d complete performance of my luct ave authority to manage is/are: Title or Capacity:	Name and Address:
esignated in this applicate comply with the provisional accept the obligations. The name, title or capatitle or Capacity; Manager Attached is a certificate risdiction under the law of the translator must be sufficiently.	citon, I hereby accept the appointment as reports of all statutes relative to the proper and of my position as registered agent. (Registered agent's signal reity and address of the person(s) who has/has/has/has/has/has/has/has/has/has/	gistered agent and agree to act d complete performance of my well ave authority to manage is/are: Title or Capacity: y authenticated by the official ha in a foreign language, a translat	Name and Address:
esignated in this applicate comply with the provisional accept the obligations. The name, title or capatitle or Capatitle or Capacity: Manager Use attachments if necess Attached is a certificate risdiction under the law of the translator must be such. This document is executed.	ion, I hereby accept the appointment as reports of all statutes relative to the proper and of my position as registered agent. (Registered agent's signal city and address of the person(s) who has/hane and Address: Gavril Danny Martinescu 10220 Elbow Bend Rd. Riverview, FL 33578 ary) of existence, no more than 90 days old, duly of which it is organized. (If the certificate is	registered agent and agree to act ad complete performance of my fuect ave authority to manage is/are: Title or Capacity: y authenticated by the official ha in a foreign language, a translat (b), Florida Statutes, I am awai	Name and Address: Name and Address: The control of the certificate under one of the certificate under
resignated in this applicate comply with the provisional accept the obligations. The name, title or capate Title or Capacity: Manager Attached is a certificate risdiction under the law of the translator must be such. This document is execute.	citon, I hereby accept the appointment as reports of all statutes relative to the proper and of my position as registered agent. (Registered agent's signal city and address of the person(s) who has/hane and Address: Gavril Danny Martinescu T0220 Elbow Bend Rd. Riverview, FL 33578 ary) of existence, no more than 90 days old, duly of which it is organized. (If the certificate is bmitted) attending accordance with section 605.0203 (1)	registered agent and agree to act ad complete performance of my fuect ave authority to manage is/are: Title or Capacity: y authenticated by the official ha in a foreign language, a translat (b), Florida Statutes, I am awai	Name and Address: Name and Address: The control of the certificate under one of the certificate under
resignated in this applicate comply with the provisional accept the obligations. The name, title or capate Title or Capacity: Manager Attached is a certificate risdiction under the law of the translator must be such. This document is execute.	ion, I hereby accept the appointment as reports of all statutes relative to the proper and of my position as registered agent. (Registered agent's signal city and address of the person(s) who has/hane and Address: Gavril Danny Martinescu T0220 Elbow Bend Rd. Riverview, FL 33578 ary) of existence, no more than 90 days old, duly of which it is organized. (If the certificate is bmitted) atted in accordance with section 605.0203 (1) the Department of State constitutes a third of the department of the	registered agent and agree to act ad complete performance of my fuect ave authority to manage is/are: Title or Capacity: y authenticated by the official ha in a foreign language, a translat (b), Florida Statutes, I am awai	Name and Address: Name and Address: The control of the certificate under one of the certificate under
esignated in this applicate comply with the provisional accept the obligations. The name, title or capatitle or Capatitle or Capacity: Manager Use attachments if necess. Attached is a certificate crisidiction under the law of the translator must be such. This document is execute.	ion, I hereby accept the appointment as reports of all statutes relative to the proper and of my position as registered agent. (Registered agent's signal city and address of the person(s) who has/hane and Address: Gavril Danny Martinescu T0220 Elbow Bend Rd. Riverview, FL 33578 ary) of existence, no more than 90 days old, duly of which it is organized. (If the certificate is bmitted) atted in accordance with section 605.0203 (1) the Department of State constitutes a third of the department of the	gistered agent and agree to act d complete performance of my ave authority to manage is/are: Title or Capacity: y authenticated by the official ha in a foreign language, a translat in the performance of my to the performance of my authorized person	Name and Address: Name and Address: The control of the certificate under one of the certificate under



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "GMA INVESTMENT, 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 FIRST DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GMA INVESTMENT,

LLC" WAS FORMED ON THE THIRTEENTH DAY OF SEPTEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 203525484

Date: 10-01-18