

P09000073193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

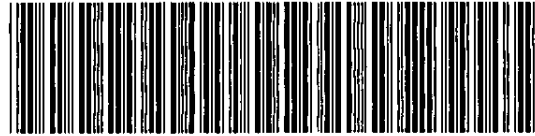
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08/27/09--01004--022 \*\*78.75

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
FILED  
2009 AUG 27 AM 11:08  
NOT RETURNED TO AGONY OF STATE  
TO ACKNOWLEDGE FILING SUFFICIENCY OF FILING  
TALLAHASSEE, FLORIDA  
PM 12:30

W09-38932

B. McKnight SEP 01 2009

# LAZARUS

## CORPORATE FILING SERVICE

3320 SW 87<sup>TH</sup> AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. GML INTERNATIONAL CORP  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☒ Walk in    ☒ Pick up time 2-05    ☒ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

### NEW FILINGS

- ☒ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

### OTHER FILINGS

- ☐ Annual Report  
☐ Fictitious Name

### AMENDMENTS

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

### REGISTRATION/QUALIFICATION

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 28, 2009

LAZARUS

SUBJECT: GML INTERNATIONAL CORP  
Ref. Number: W09000038932

RECEIVED  
09 AUG 31 AM 10:40  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

We have received your document for GML INTERNATIONAL CORP and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

You must list at least one incorporator with a complete business street address.

Please return the corrected original and one copy of 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) 245-6931.

Becky McKnight  
Regulatory Specialist II  
New Filing Section

Letter Number: 709A00028996

# ARTICLES OF INCORPORATION

OF

GML INTERNATIONAL CORP

The undersigned subscribers to these Articles of Incorporation, each natural person competent to contract, hereby associate themselves together to form a corporation under the laws of the State of Florida.

## ARTICLE I NAME

The name of the corporation is:

GML INTERNATIONAL CORP

## ARTICLE II ADDRESS

The initial post office address of the principal office of this corporation in the State of Florida is:  
15562 SW 54 CT, MIRAMAR, FL 33027

The Board of Directors may move, from time to time, the principal office to any other address in the State of Florida.

## ARTICLE III PURPOSE

The purpose of the corporation is to engage in any lawful act of activity for which corporations may be organized under the General Corporations Laws of the State of Florida, and the Laws of the United States of America. To exercise all power convenient, incident to, or necessary in the proper conduct of its business, which are granted to corporations for profit under the Laws of the State of Florida, either by the terms of this charter or by virtue of the Laws of the State of Florida.

## ARTICLE IV SHARES

The maximum number of shares of stock that this corporation is authorized to have outstanding at any time is 10,000 shares of common stock having a nominal par value of \$ 1.00 per share; all shares shall be paid in lawful money of the United States of America or in property, labor or services, the just value thereof shall be fixed by the Board of Directors of the corporation in the manner provided for by the Laws of the State of Florida.

FILED  
09 AUG 31 PM 12:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE V DIRECTORS**

This corporation shall have directors, initially. The number of directors may be increased or diminished from time to time, by by-laws adopted by the stockholders, but shall never be less than .

**ARTICLE VI INITIAL DIRECTORS**

The names and post office addresses of members of the First Board of Directors are:

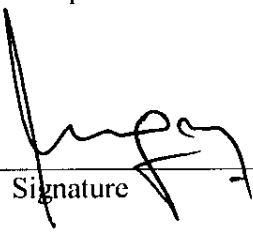
15562 SW 54 CT,MIRAMAR,FL.33027  
**MARTIN GRACIAN**

**ARTICLE VII REGISTERED AGENT**

The name and street address of Registered Agent to these Articles of incorporation is:

*MARTIN GRACIAN*  
15562 SW 54 CT,MIRAMAR,FL.33027

The undersigned Registered Agent has executed these Articles of Incorporation this 24 day of AUGUST, 2009.

  
\_\_\_\_\_  
Signature

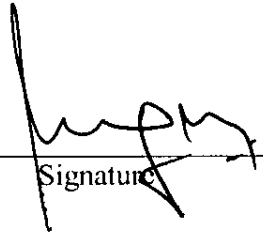
**ARTICLE VIII INCORPORATOR**

The name and street address of the incorporator to these Articles of incorporation is:

*MARTIN GRACIAN*

15562 SW 54 CT, MIRAMAR, FL. 33027

The undersigned Incorporator has executed these Articles of Incorporation this 24 day of AUGUST, 2009.

  
\_\_\_\_\_  
Signature

STATE OF FLORIDA}

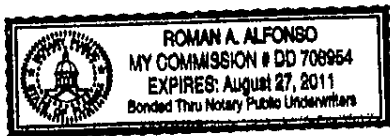
} SS

COUNTY OF DADE }

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized in the State and County named above to take acknowledgments, personally appeared:

To me known to be the persons described as subscribers in and who executed the foregoing Articles of Incorporation, and acknowledged before me that they subscribed to those Articles of Incorporation.

WITNESS my hand and official seal in the County and State named above this 24 day of  
AUGUST, 2009



Raafv

R. A. Alfonso  
Notary Public  
State of Florida at large

My commission expires:

## **CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE**

Having been named as Registered Agent and to accept services of process for the above stated corporation, at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Signature \_\_\_\_\_

Registered Agent

CLERK OF STATE  
TALLAHASSEE, FLORIDA

09 AUG 31 PM 12:30

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