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FLORIDA PROFIT/NON PROFIT CORPORATION

GMAC Enterprises Inc.

Certificate of Status	1
Certified Copy	0
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SIGN OF CORPORATIONS
LAHASSEE, FLORIDA

10/20/2009

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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

GMAC Enterprises Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

GMAC Enterprises Inc. 4045 Sheridan Avenue, Suite 211 Miami Beach, FL 33140

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1981.

1,500 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Giovanni Paolo Callipo 4 4045 Sheridan Avenue, Suite 211 Miami Beach, FL 33140

Prepared By: Bruce B. Hubbard 77 East John St. Hicksville, New York 11801 1-518-935-3940

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ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

Giovanni Paolo Callipo - President/Director 4845 Sheridan Avenne, Suite 211 Miami Beach, FL 33140

ARTICLES VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Giovanni Paolo Callipo 4045 Sheridan Avenue, Suite 211 Miami Beach, FL 33140

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this

<u> 20th.</u> day of <u>Octoher</u> 2009.

Giovanni Paolo Callino Signature

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:	GMAC Ent	erprises Inc.		
2. The name and address of the registered agent and office is: Giovanni Paolo Callipo		OP OCT 20 P	À	
		Giovanni raose Campo		7
		Name	70.00	27
	· †	4045 Sheridan Avenue, Suite 211	夏三二	
	(P.C	D. Box or Mail Drop Box NOT Acceptable)	F	
		Miami Beach, FL 33140		
		(City / State / Zip)	-	

Having been named as registered agent and to accept service of process for the above stated corporation 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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

October 20, 2009

Gióvanni Paolo Calipo SIGNATURE