

P10000086113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800186734518

10/20/10--01006--009 \*\*78.75

FILED  
2010 OCT 20 AM 11:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers OCT 21 2010

COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: GMT PAYMENT SOLUTIONS INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee  
☐ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy  
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status  
ADDITIONAL COPY REQUIRED

FROM: GUSTAVO R. TORRES  
Name (Printed or typed)

8309 SW 158TH AVENUE  
Address

MIAMI FL 33093  
City, State & Zip

(786) 525-8263  
Daytime Telephone number

GUSTORRES1971@GMAIL.COM.  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 OCT 20 AM 11:47

FILED

NOTE: Please provide the original and one copy of the articles.

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

**GMT PAYMENT SOLUTIONS INC.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

**8309 SW 158TH AVENUE  
MIAMI FL 33193**

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**MERCHANT SERVICES BUSINESS**

**ARTICLE IV SHARES**

The number of shares of stock is:

**5000**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<b>GUSTAVO R. TORRES</b>	Name and Title:	
Address:	<b>8309 SW 158TH AVENUE MIAMI FL 33193</b>	Address:	

Name and Title:		Name and Title:	
Address:		Address:	

Name and Title:		Name and Title:	
Address:		Address:	

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: **GUSTAVO R. TORRES**  
Address: **8309 SW 158TH AVENUE  
MIAMI FL 33193**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **GUSTAVO R. TORRES**  
Address: **8309 SW 158TH AVENUE  
MIAMI FL 33193**

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
Required Signature/Registered Agent

**10-14-2010**  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
Required Signature/Incorporator

**10-14-2010**  
Date

FILED  
2010 OCT 20 AM 11:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA