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Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 617-6381

From:  
Account Name : BARINAS & ASSOCIATES INC.  
Account Number : I20000000082  
Phone : (305) 871-0889  
Fax Number : (305) 870-9623

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

RECEIVED  
10 NOV - 2 PM 4:05  
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TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION  
GMF IMPORT, INC.

Certificate of Status	1
Certified Copy	0
Page Count	03
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APPROVED  
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TALLAHASSEE, FLORIDA

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**COVER LETTER**

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

**SUBJECT:** GMF IMPORT, 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

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

**FROM:** YANELLE M BARINAS  
Name (Printed or typed)

5701 NW 36 ST  
Address

MIAMI, FL 33166  
City, State & Zip

305-871-0889  
Daytime Telephone number

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

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

10 NOV -2 PM 2:47

**ARTICLES OF INCORPORATION**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be: **GMF IMPORT, INC.**

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

915 NW 1ST AVE #1412  
MIAMI, FL 33136

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL PURPOSES

**ARTICLE IV SHARES**

The number of shares of stock is:

100

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

List name(s), address(es) and specific title(s):

ANTONIO J. LOBO GOMEZ, PRES/DIR  
CALLE 34 #4-32  
MERIDA, MERIDA, VENEZUELA 5101

DAVID LOBO, DIR  
915 NW 1ST AVE #1412  
MIAMI, FL 33136

**ARTICLE VI REGISTERED AGENT**

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

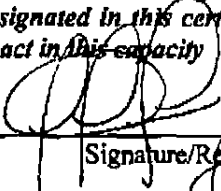
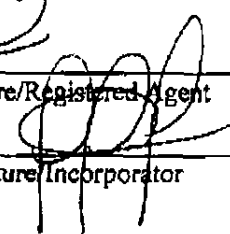
DAVID LOBO  
915 NW 1ST AVE #1412  
MIAMI, FL 33136

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

DAVID LOBO  
915 NW 1ST AVE #1412  
MIAMI, FL 33136

\*\*\*\*\*  
*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*

  
\_\_\_\_\_  
Signature/Registered Agent  
  
\_\_\_\_\_  
Signature/Incorporator

11/02/10

\_\_\_\_\_  
Date

11/02/10

\_\_\_\_\_  
Date