P1100017191

(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:			
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FICE D

Ps 1/10/11

COVER LETTER

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

SUBJECT: ELYMAY INC			
(PROPOSED CORPORA	TE NAME - <u>MUST INCLUDE SUFFIX</u>)		
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:		
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy & Certificate of Status		
	ADDITIONAL COPY REQUIRED		
FROM: GIUSEPPE ROBUSTELL Name	(Printed or typed)		
5601 COLLINS AVE APT 912 A			
5601 COLLINS AVE APT 912 A Address			
MIAMI BEACH FL 3314	O State & Zip		
305-342-3872 Daytime To	elephone number		
·			
E-mail address: (to be used	for future annual report notification)		

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



RECEIVED 11 FEB 16 AHH: 15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

January 31, 2011

GIUSEPPE ROBUSTELLI 5601 COLLINS AVE APT 912-A MIAMI BEACH, FL 33140

SUBJECT: G.R. INC.

Ref. Number: W11000005901

We have received your document for G.R. INC. 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

If you have any further questions concerning your document, please call (850) 245-6901.

Pamela Smith Regulatory Specialist II New Filing Section

Letter Number: 811A00002584



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SECRETARY OF STATE TALLALA STATE RECEIVED

FLORIDA DEPARTMENT OF STATE Division of Corporations

January 11, 2011

GIUSEPPE ROBUSTELLI 5601 COLLINS AVE APT 912 A MIAMI BEACH, FL 33140

SUBJECT: G AND E IMPORT EXPORT CORP

Ref. Number: W11000001533

We have received your document for G AND E IMPORT EXPORT 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

If you have any further questions concerning your document, please call (850) 245-6901.

Pamela Smith Regulatory Specialist II New Filing Section

Letter Number: 011A00000813

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

ARTICLE I The name of the cor			11 FEB 16 PM 3: 04
ARTICLE II	PRINCIPAL OFFICE Principal street address 601 COLLINS AVE APT 912 A IAMI BEACH FL 33140		JAMEN 1459 OF STATE AND Address, if different is:
ARTICLE III I The purpose for wh IMPORT & EX	nich the corporation is organized is:		
ARTICLE IV ARTICLE V		mps	
	ie:GIUSEPPE ROBUSTELLI-PRESIDI 5601 COLLINS AVE APT 912 A MIAMI BEACH FL 33140	ENT Name and Title:Address:	
Name and Tit Address:	le:	Address:	
Name and Tit Address:	le:	Name and Title: Address:	-
	REGISTERED AGENT ida street address (P.O. Box NOT acceptable GIUSEPPE ROBUSTELLI 5601 COLLINS AVE APT 912 MIAML BEACH FL 33140	e) of the registered agent is:	
	INCORPORATOR ress of the Incorporator is: GIUSEPPE ROBUSTELLI 5601_COLLINS AVE APT 912 A MIAMI BEACH 3314002/09		
Having been named this certificate, I am	d as registered agent to accept service of pro- familiar with and accept the appointment as	ocess for the above stated corpores registered agent and agree to a	oration at the place designated in act in this capacity
	#XXX < \/ \		02/09/2011
	Required Signature/Registered Agent	—·	Date
I submit this docun document to the Dep	nent and affirm that the facts stated herein partment of state constitutes a third degree fe	are true. I am aware that the dony as provided for in s.817.13	false information submitted in a 55, F.S.
	Reguled Signature/Incorporator		02/09/2011