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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 : CORPORATION SERVICE COMPANY
Account Number : 120000000195
Phone : (850)521-1000
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TALLAHASSEE, FLORIDA

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

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**FLORIDA PROFIT/NON PROFIT CORPORATION
GEMMA REALTY CORPORATION**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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COVER LETTER

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

SUBJECT: Gemma Realty Corporation
(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: Geoffrey Solomon
Name (Printed or typed)
20191 East Country Club Drive, Apt 1609
Address
Aventura, FL 33180-3012
City, State & Zip
786-208-4170
Daytime Telephone number
geoffrey@emma-trimmings.co.uk
E-mail address: (to be used for future annual report notification)

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

2011 JUN 23 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FL 32304
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05/22/2011 15:44 9542278089
Jun 22 '11 01:37p Jeffrey Collins

BEACON INV SOLUTIONS
954-780-9108

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

ARTICLE I NAME Gemma Realty Corporation
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address: 20191 East Country Club Dr., Ste 1609
Aventura, FL 33180-3012
Mailing address, if different is: _____
Same _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Real Estate Investment

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
Name and Title: Geoffrey Solomon - President Name and Title: _____
Address: 20191 East Country Club Dr. Ste 1609 Address: _____
Aventura, FL 33180-3012 _____
Name and Title: Jeffrey Collins - Secretary Name and Title: _____
Address: 252 NW 117th Avenue Address: _____
Coral Springs, FL 33071 _____
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: Corporation Service Company
Address: 1201 Hays Street
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: Geoffrey Solomon or Jeffrey Collins
Address: 20191 East Country Club Dr., Ste 1609
Aventura, FL 33180-3012

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
Corporation Service Company

By: Jeannine Reynolds 6-23-11
Required Signature/Registered Agent as its agent 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.

X Jeffrey Collins
Required Signature/Incorporator

6-20-11
Date

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TALLAHASSEE, FL 32304

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