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| PICK-UP WAIT MAIL | | | | |
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| (Business Entity Name) | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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SECRETARY OF STATE

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COVER LETTER

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

| SUBJECT: | GMB 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 ADDITIONAL C | \$87.50 Filing Fee, Certified Copy & Certificate of Status COPY REQUIRED | | |
| FROM: | Saeed Ward | ne (Printed or typed) | | | |
| <u>PC</u> | Box 5881 | Address | | | |
| Winter Springs FL 32719 City, State & Zip | | | | | |
| Daytime Telephone number | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | |

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)

| | NAME GMB INC. | | |
|------------------------|---|-------------------------------|----------------------------------|
| ARTICLE II | PRINCIPAL OFFICE | | |
| | Principal street address | Mailing ad | dress, if different is: |
| • | 481 Lancerd Dr | | , |
| | Winter Springs Fl 32708 | Po Box 5881 W | Vinter Springs |
| _ | | | Time Opingo — |
| ADDICE DE | DIFFERENCE | | |
| The purpose for u | hich the corporation is organized is: | | ٠. |
| The purpose for w | mich the corporation is organized is: | | Σ ⊈ 73 |
| | Any and all lawful buisness | | FEB-5 |
| | res of stock is:100,000 | | AMID: 43 SEE, FLORID SEE, FLORID |
| ARTICLE V | INITIAL OFFICERS AND/OR DIRECT | <u>ORS</u> | 温州 。 |
| Name and T | itle:Saeed Ward CEO PO box 5881 | Name and Title: | * |
| Address: | PO box 5881 | Address: | |
| | Winter Springs Fl 32719 | | |
| Name and T Address: | itle: | Address: | |
| Name and To Address: | itle: | | |
| ARTICLE VI | REGISTERED AGENT | | |
| | rida street address (P.O. Box NOT acceptable |) of the registered agent is: | |
| Name: | Saeed Ward | | |
| Address: | 481 Lancerd Dr | <u></u> | |
| | Winter Springs Fl 32708 | | |
| ARTICLE VII | INCORPORATOR | | |
| | Iress of the Incorporator is: | | |
| Name: | Saeed Ward | | |
| Address: | PO Box 5881 | | |
| , 1001000. | Winter Springs FL 32719 | | |
| | ed as registered agent to accept service of pro in familiar with and accept the appointment as | | t in this capacity |
| | 0 | | 2-3-12 |
| | Required Signature/Registered Agent | | Date |
| | ment and affirm that the facts stated herein a epartment of State constitutes a third degree fel | | |
| | | | 7-7-17 |
| | | | 2-3-12 |
| | Required Signature/Incorporator | | Date |