

P140000048644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

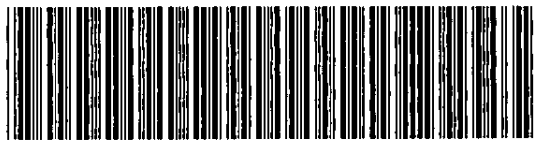
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATION
2014 JUN -5 PM 4:28
TO: MAJOR WILL ROGGE
SUFFICIENTLY OF FILING

2014 JUN -5 AM 10:19
DIVISION OF CORPORATION



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 166409 7999518

AUTHORIZATION :

Spudde man

COST LIMIT : \$ 70.00

ORDER DATE : June 5, 2014

ORDER TIME : 3:24 PM

ORDER NO. : 166409-005

CUSTOMER NO: 7999518

DOMESTIC FILING

NAME: 5050 GMD MANAGEMENT, INC.

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP
ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Gray - EXT. 62925

EXAMINER'S INITIALS: _____

COVER LETTER

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

SUBJECT: 5050 GMD MANAGEMENT, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: JOHN J. SHEA
Name (Printed or typed)

1776 RINGLING BLVD.
Address

SARASOTA, FL 34236
City, State & Zip

(941) 556 5999
Daytime Telephone number

JOHN@JSHEALAW.COM
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)

ARTICLE I NAME
The name of the corporation shall be: 5050 GMD MANAGEMENT, INC.

ARTICLE II PRINCIPAL OFFICE
Principal street address: 100 S. WARBLER DRIVE
SARASOTA, FL 34236
Mailing address, if different is: _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES
The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: WESLEY J. NEICHENBUER, P/D Name and Title: _____
Address: 100 S. WARBLER DRIVE Address: _____
SARASOTA, FL 34236 _____

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

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

14 JUN - 5 AM 10: 19
DIVISION OF CORPORATIONS

(cont.)

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: JOHN J. SHEA
 Address: 1776 RINGLING BLVD.
SARASOTA, FL 34236

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: WESLEY J. NEICHENBUER
 Address: 100 S. WARBLER DRIVE
SARASOTA, FL 34236

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] Required Signature/Registered Agent June 5, 2014 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.

[Signature] Required Signature/Incorporator JUNE 5, 2014 Date

JUN 5 AM 10:09
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS