P15000016177

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				

* reservoir of recommend of Office Use Only



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SEGRETARY OF STATE
AND ANABSSEE FLORIDI

WS-365

COVER LETTER

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

SUBJECT: GM	Homes Inc		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d 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 CO	DPY REQUIRED
FROM: G	lenn Murray		
	Namo	e (Printed or typed)	
73	31 Willett dr		
		Address	
W	inter Garden FL	34787	
	City,	State & Zip	· · · ·
40	7-614-4120		
	Daytime T	elephone number	

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

cmi321inc@aol.com

E-mail address: (to be used for future annual report notification)



15 FEB 17 AM 9: 56

FLORIDA DEPARTMENT OF STATE Division of Corporations

January 20, 2015

GLENN MURRAY 731 WILLETT DR WINTER GARDEN, FL 34787

SUBJECT: GM HOMES INC Ref. Number: W15000003655

We have received your document for GM HOMES 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 document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason Regulatory Specialist II

Letter Number: 015A00001061

ARTICLES (**) NCORPORATION In compliance with Chapte | - and/or Chapter 621, F.S. (Profit)

	Principal <u>street</u> address	Mailing addre	ss, if different is:
731 Willett	Dr	·	
Winter Grad	den FL 34787		
ADMIGI D III DIII	BROOR	*****	
ARTICLE III PUT The purpose for which	RPOSE the corporation is organized is: Prop	erty Managemen	<u>t</u>
		· · · · · · · · · · · · · · · · · · ·	
ARTICLE IV SH	ARES		
ARTICLE IV SH The number of shares o	ARES of stock is:		
The number of shares o	of stock is:		
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The number of shares o	of stock is:	<u>ors</u>	
The number of shares o	of stock is: TIAL OFFICERS AND/OR DIRECT Ie: Glenn Murray Owne 731 Willett Dr	<u>ors</u>	
The number of shares of shares of the number of	of stock is: ITIAL OFFICERS AND/OR DIRECT le: Glenn Murray Owne 731 Willett Dr	ORS Name and Title:	
The number of shares of shares of the number of	of stock is: TIAL OFFICERS AND/OR DIRECT Ie: Glenn Murray Owne 731 Willett Dr	ORS Name and Title:	
The number of shares of shares of the number of	of stock is:	ORS Name and Title:	
The number of shares of ARTICLE V INI Name and Tit Address	of stock is:	ORS Name and Title: Address:	
The number of shares of ARTICLE V INI Name and Tit Address	TIAL OFFICERS AND/OR DIRECTOR 10: Glenn Murray Owner 731 Willett Dr Winter Graden FL 34787	Name and Title: Name and Title: Name and Title:	TALL
The number of shares of ARTICLE V INI Name and Title Address Name and Title	TIAL OFFICERS AND/OR DIRECTM le: Glenn Murray Owne 731 Willett Dr Winter Graden FL 34787	ORS ORS Name and Title: Address: Name and Title: Address:	TALL
The number of shares of ARTICLE V INI Name and Title Address Name and Title	TIAL OFFICERS AND/OR DIRECTOR 10: Glenn Murray Owner 731 Willett Dr Winter Graden FL 34787	ORS ORS Name and Title: Address: Name and Title: Address:	15 FEB 17 SEGRETARY
The number of shares of ARTICLE V INI Name and Title Address Name and Title	TIAL OFFICERS AND/OR DIRECTM le: Glenn Murray Owne 731 Willett Dr Winter Graden FL 34787	Name and Title: Address: Name and Title: Address:	15 FEB 17 PM SEGRITARY OF TALLAMASSICE
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The number of shares of ARTICLE V INI Name and Tit Address Name and Title Address	TIAL OFFICERS AND/OR DIRECTM le: Glenn Murray Owne 731 Willett Dr Winter Graden FL 34787	Name and Title: Address: Name and Title: Address:	15 FEB 17 PM 9: 1 SEGRETARY OF SIM

Name an	d Title:	Name and Title:
Address	3	Address:
	,	
ARTICLE VI	REGISTERED AGENT	
The <u>name and Fl</u>	lorida street address (P.O. Box NOT acceptable)	of the registered agent is:
Name:	Glenn Murray	
Address:	731 Willett Dr	
	Winter Garden FL 34787	
ARTICLE VII	INCORPORATOR	
The name and ac	<u>Idress</u> of the Incorporator is:	
Name:	Glenn Murray	
. Address:	731 Willett dr	
	Winter Garden FL 34787	<u> </u>
	ned as registered agent to accept service of proce um familiar with and accept the appointment as r	ess for the above stated corporation at the place designated in registered agent and agree to act in this capacity
,	Required Signature/Registered Agent	1/03/2015
البيب	Required Signature/Registered Agent	Date
I submit this doc document to the l	ument and affirm that the facts stated herein ar Department of State constitutes a third degree felo	re true. I am aware that the false information submitted in a ony as provided for in s.817.155, F.S.
	Var Man	1/03/2015
	Required Signature/Incorporator	Date

SEGRETARY OF STATE