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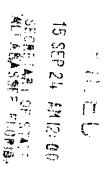
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## **COVER LETTER**

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

SUBJECT:	GMS Products Corporation		
	(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	PY REQUIRED
FROM:		e (Printed or typed)  ush Avenue Address	
		F1 32803 State & Zip	
	407 761 Daytime 1	- 6609 elephone number	I dam
	E-mail address: (to be use	217 @ gmai d 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	on shall be: GMS	Products	Corporatio	<u>n</u>	_
ARTICLE II PRINCII	PAL OFFICE rincipal street address		Mailing address,	if different is:	
	oush Avenue				
Orlando,	7 32803	_			
ARTICLE III PURPOS The purpose for which the	<u>E</u> corporation is organized is:	sales	and con	sulting	<del></del>
	ock is: 700 OFFICERS AND/OR DIRECT Giannina Tes		d Title: EmiL	io Fago	o#
Address _			· ··	, H 328	
-	Orlando, 71 3. President	2805		XEcutive	
	Stephen Riv			5 SER	* .
Address $ar{\mathcal{Q}}_{i}$	156 Primavera 51 Rb. Brisas del Gua Periuelas, P.R.	Address:			<u> </u>
-	Vice - Presi				
	Giannina Testa	•			
Address _	4701 Roush A				<u>-</u>
-	Orlando, 71 3: Secretary	1803			
-	Secretary	-			

Name and Title		Name and Title:	
Address		Address:	
	TERED AGENT street address (P.O. Box NOT acceptable) o	of the registered agent is:	
Name:	Grannina Testagross	2	
Address:	Grannina Testagross. 4701 Roush Avenu	د	
	Orlando, 71 32803		
ARTICLE VII INCO	<u>RPORATOR</u>		
The name and address	of the Incorporator is:		产品 马
Name:	Emilio Fagot 4701 Roush Aven Onando, 71 3280	-	
Address:	4701 Roush Aven	4-	2 7
_	Onando, 71 3280	3_	
ARTICLE VIII EFFI	ECTIVE DATE:	(OPTIONAL)	<b>₹</b> • • • • • • • • • • • • • • • • • • •
(If an effective date is days after the filing.)	han the date of filing: listed, the date must be specific and cann	ot be more than five business	days prior or 90 business
	ed in this block does not meet the applicable edate on the Department of State's records.		this date will not be listed as
this certificate, I am fan	registered agent to accept service of proces niliar with and accept the appointment as re	gistered agent and agree to act	ion at the place designated in in this capacity
Gan	neira Jestagrosa Required Signature/Registered Agent		Dept. 22, 2015
	Required Signature/Registered Agent	<del></del>	Date
I submit this document document to the Depart	and affirm that the facts stated herein ar ment of State constitutes a third degree felo	e true. I am aware that the fals ny as provided for in s.817.155	se information submitted in a ,F.S.
	Arb		5-27-2015
Required Si	gnature/Incorporator		SEPT ZZ-2015
1	•		