

OCT 19 2015

COVER LETTER

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

SUBJECT: Creating Corporation GSM ENTERTAINMENTS, 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
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: Gene Santa Maria

Name (Printed or typed)

7901 40th Ave North Lot #44

Address

St. Petersburg, FL 33709

City, State & Zip

727-545-1996

Daytime Telephone number

gsmtalentmgmt@tampabay.rr.com and /or gene49@tampabay.rr.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: GSM ENTERTAINMENTS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
7901 40TH AVE NORTH #44

ST. PETERSBURG, FL 33709

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ENTERTAINMENT COMPANIES SUCH AS,
TALENT MANAGEMENT, MUSIC PUBLISHING, RECORD LABEL, MUSICAL ACTS, ETC.

ARTICLE IV SHARES

The number of shares of stock is: 100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GENE SANTA MARIA

Address PRESIDENT/CEO

7901 40TH AVE., NORTH #44

ST. PETERSBURG, FL 33709

Name and Title: MATTHEW M. TOMASONE

Address: EXUTIVE VICE PRESIDENT

321 CADRIE LANE,

DAVENPORT, FL 33897

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: GENE SANTA MARIA

Address: 7901 40TH AVE., NORTH #44

ST. PETERSBURG, FL 33709

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: GENE SANTA MARIA

Address: 7901 40TH AVE., NORTH #44

ST. PETERSBURG, FL 33709


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)


Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature/Registered Agent

10/8/15
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.


Required Signature/Incorporator

10/8/15
Date