

From:

P16000029924

4/04/2016 12:02:59 PM 01/003

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000083303 3)))



H1600008330333ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800) 221-2972  
Fax Number : (888) 692-9256

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

RECEIVED

16 APR -4 PM 1:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION  
GMR CAPITAL GROUP INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

AL GONGER

APR - 5 2016

From:

04/04/2016 12:02

#259 P.002/003

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

16 APR -4 AM 11:49  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE I NAME**  
The name of the corporation shall be: GMR CAPITAL GROUP INC

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

Mailing address, if different is:

1110 BRICKELL AVE STE 406

1110 BRICKELL AVE STE 406

MIAMI FL 33131

MIAMI FL 33131

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: Consulting services

**ARTICLE IV SHARES**  
The number of shares of stock is: 300

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: MICHAEL LOIACONO ( President )

Name and Title:

Address

1110 BRICKELL AVE STE 406

Address:

MIAMI FL 33131

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

From:

04/04/2016 12:02

#259 P.003/003

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: MICHAEL LOIACONO  
Address: 1110 BRICKELL AVE STE 406  
MIAMI FL 33131

16 APR -4 AM 11:49  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MICHAEL LOIACONO  
Address: 1110 BRICKELL AVE STE 406  
MIAMI FL 33131

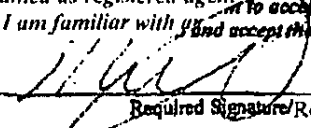
**ARTICLE VIII EFFECTIVE DATE:**

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 the corporation and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Required Signature/Registered Agent

March 25, 2016

\_\_\_\_\_  
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

March 25, 2016

\_\_\_\_\_  
Date