P16000068487

# 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.

(((H16000205306 3)))

H160002053063ABCX

**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 : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

**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 AUG 18 PM 4:47

**FLORIDA PROFIT/NON PROFIT CORPORATION**
**GMA SOLUTIONS USA INC**

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | $78.75 |

16 AUG 18 PM 7:34 FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

mjm

H16000205306

# ARTICLES OF INCORPORATION

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

**ARTICLE I NAME:** The name of the corporation is:

GMA Solutions USA INC

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

8255 SW 152 AVE Apto E401 Miami FL 33193

**ARTICLE III SHARES:** The number of shares of stock is: 100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Alexander Guillama Hernandez P

Gloria Patricia Villa (VP)

Julio C Valdes Vega (D)

16 AUG 18 PM 7:34

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Alexander Guillama Hernandez
8255 SW 152 AVE APT E401
Miami FL 33193

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

Alexander Guillama Hernandez
8255 SW 152 Apt E401
Miami FL 33193

H16000205306

H16000205306

**Required Signatures:**

**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**

Registered Agent _____ 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.**

Incorporator _____ Date _____

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 AUG 18 AM 7:34

H16000205306