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COVER LETTER

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

SUBJECT: EN'	YA CORPORATION					
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)						
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:			
	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of Status			
		ADDITIONAL CO	PPY REQUIRED			
FROM:	GMAX MA	ANAGEMENT LLC				
	Name (Printed or typed)					
	P. O. BOX 1720					
	Address					
	DANIA BEACH FL 33004					
	City, State & Zip					
	786-655-9921					
	Daytime '	l'elephone number				

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

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

rent@gmaxamerica.com

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

	Principal <u>street</u> address	Mailing addres	ss, if different is:
GRIFFIN ROAL)	P. O. BOX 1720	
NIA BEACH FL 3.	3312	DANIA BEACH FL 33	3004
ICLE III PURP purpose for which	OSE A: the corporation is organized is:	NY AND ALL LAWFULL BUSINESS	S
			•
			- 4
TCLE IV SHAR	ES 100 f stock is:		- 4
number of shares of	f stock is:	26	- 1
number of shares of	f stock is: AL OFFICERS AND/OR DIRECTOR MARIA O. NAVARRO		
number of shares of ICLE V INITE Name and Titl	f stock is: 41. OFFICERS AND/OR DIRECTOR MARIA O. NAVARRO e: 2701 GRIFFIN ROAD	Name and Title:	
number of shares of	f stock is: 41. OFFICERS AND/OR DIRECTOR MARIA O. NAVARRO e: 2701 GRIFFIN ROAD	Name and Title:	
number of shares of ICLE V INITE Name and Titl	f stock is: AL OFFICERS AND/OR DIRECTOR MARIA O. NAVARRO 2701 GRIFFIN ROAD	Name and Title:	
number of shares of HCLE V INITE. Name and Titl Address	f stock is: AL OFFICERS AND/OR DIRECTOR MARIA O. NAVARRO 2701 GRIFFIN ROAD DANIA BEACH FL 33312	Name and Title: Address:	
Name and Title Name and Title	AL OFFICERS AND/OR DIRECTOR MARIA O. NAVARRO 2701 GRIFFIN ROAD DANIA BEACH FL 33312	Name and Title: Address: Name and Title:	,
number of shares of HCLE V INITE. Name and Titl Address	f stock is: AL OFFICERS AND/OR DIRECTOR MARIA O. NAVARRO 2701 GRIFFIN ROAD DANIA BEACH FL 33312	Name and Title: Address: Name and Title: Address:	
Name and Title Name and Title	AL OFFICERS AND/OR DIRECTOR MARIA O. NAVARRO 2701 GRIFFIN ROAD DANIA BEACH FL 33312	Name and Title: Address: Name and Title: Address:	,
Name and Title Address	AL OFFICERS AND/OR DIRECTOR MARIA O. NAVARRO 2701 GRIFFIN ROAD DANIA BEACH FL 33312	Name and Title: Address: Name and Title: Address:	
Name and Title Address	AL OFFICERS AND/OR DIRECTOR MARIA O. NAVARRO 2701 GRIFFIN ROAD DANIA BEACH FL 33312	Name and Title: Address: Name and Title: Address:	

Name :	and Title:	Name and Title:	
Addre	88	Address:	
	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptable	a af tha cari, tarad came in	
Name:	GMAX MANAGEMENT LLC	For the registered agent is:	
_	2701 GRIFFIN ROAD		
	DANIA BEACH FL 33312		
ARTICI E VII	INCORPORATOR		
	address of the Incorporator is:		
Name:	YAMUB.		
Address:	2701 GRIFFIN ROAD		·
	DANIA BEACH FL 33312		
ADTICLE VIII	<u> EFFECTIVE DATE:</u>		
Effective date.	if other than the date of filing: date is listed, the date must be specific and car	. (OPTIONAL) anot be more than five days pri	or or 90 days after the
	te inserted in this block does not meet the applica effective date on the Department of State's record		this date will not be listed as
Having been no this certificate,	amed as registered agent to accept service of prod I am familiar with and accept the appointment as	ess for the above stated corpora registered agent and agree to ac	tion at the place designated in t in this capacity
			<u>0/20/17</u>
	Required Signature/Registered Agent		Date
I submit this do document to the	ocument and affirm that the facts stated herein o e Department of State constitutes a third degree fo	tre true. I am aware that the faillony as provided for in s.817.155	'se information submitted in a
	(June)		1201.7
Req	uired Stenature/Incorporator		Date