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To:

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

From:

Account Name : GM FINANCIAL GROUP
Account Number : I19980000102
Phone : (954)428-8899
Fax Number : (954)428-6699

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

Email Address: mcove@gmfinancialgroup.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
GM FINANCIAL GROUP LTD. II, INC.**

Certificate of Status	0
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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: GM FINANCIAL GROUP LTD. II, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address
1499 W PALMETTO PARK RD #130
BOCA RATON, FL 33486

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: ANY AND ALL LEGAL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: MICHAEL L. COVE, PRES. + *Director*

Name and Title: _____

Address 1499 W PALMETTO PARK RD #130
BOCA RATON, FL 33486

Address: _____

Name and Title: JEFFREY M. KLUPPT, DIRECTOR

Name and Title: _____

Address 1499 W PALMETTO PARK RD #130
BOCA RATON, FL 33486

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MICHAEL L. COVE

Address: 1499 W PALMETTO PARK RD #130

BOCA RATON, FL 33485

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: MICHAEL L. COVE

Address: 1499 W PALMETTO PARK RD #130

BOCA RATON, FL 33486

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 days prior or 90 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

1/10/19
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

1/10/19
Date