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Florida Department of State
Division of Corporations
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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 : (917)243-5843

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
GEOMCO Inc

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

SB
6/8/21

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2021 JUN - 7 PM 2:46

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: GEMCO Inc.**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address
100 S Pointe Dr. TH-10Mailing address, if different is:
100 S Pointe Dr.Miami Beach, FL 33139Miami Beach, FL 33139**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: TELEVISION ; FILM PRODUCTION**ARTICLE IV SHARES**

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: Georgia Cohen - Director

Name and Title: _____

Address 100 S Pointe Dr. TH-10

Address: _____

Miami Beach, FL 33139

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: Georgia Cohen
Address: 100 S Pointe Dr. TH-10
Miami Beach, FL 33139

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Name: Georgia Cohen
Address: 100 S Pointe Dr. TH-10
Miami Beach, FL 33139


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

	<u>06/04/2021</u>
Required Signature/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.

	<u>06/04/2021</u>
Required Signature/Incorporator	Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA