

May. 15. 2024 3:09PM

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : GERALD WEINBERG, P.C.
Account Number : I20030000043
Phone : (800)342-9856
Fax Number : (800)354-3381

****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
GMAS MANAGEMENT INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

RECEIVED

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17:30

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

File No. 1455/UP 202452

ARTICLE I NAME

The name of the corporation shall be: GMAS MANAGEMENT INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
2635 WOODGATE LANE APT. H9
SARASOTA, FL 34231

Mailing address, if different is:
2635 WOODGATE LANE APT H9
SARASOTA, FL 34231

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MICHAEL VENDITTI/PRESIDENT

Name and Title: _____

Address 2635 WOODGATE LANE APT H9

Address: _____

SARASOTA, FL 34231

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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11247 000 No. 14552 OF. 33

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 VENDITTI

Address: 2635 WOODGATE LANE APT. H9

SARASOTA, FL 34231

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LAWRENCE KIRSCH

Address: 41 STATE STREET SUITE 700

ALBANY, NY 12207

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

/S/ MICHAEL VENDITTI

Required Signature/Registered Agent

5/15/2024

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.

Lawrence A. Kirsch

Required Signature/Incorporator

5/15/2024

Date

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STATE

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