	7000 Mansini Jestor's Name W 95 W Gry Address Re Fire J 3300 Ip Phone #	Office Use Only (S), (if known):
1	ration Name) (Document	· #)
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4. <u>(Corp</u> c	oration Name) (Documen	t #)
☐ Mail out ☐	Pick up time [Will wait Photocopy AMENDMENTS	Certified Copy Certificate of Status
NEW FILINGS		2000022820227 -09/02/9701038003
Profit NonProfit	Amendment Resignation of R.A., Officer/ Director	*****70.80 *****70.00
Limited Liability	Change of Registered Agent	-
Domestication	Dissolution/Withdrawal	1
Other	Merger	†
OTHER FILINGS	REGISTRATION/	FILED 97 SEP -2 AN IO 26 SECRETARY OF STATE FALLANASSEE, FLORIDA
Annual Report	QUALIFICATION	TAS THE
Fictitious Name	Foreign	FILED SEP -2 M RETARY OF S LAHASSEE, FL
Name Reservation	Limited Partnership	MI IC 26 DESTATE
	Reinstalement	F 2E RIDA
	Trademark	2 0.
	Other	. J. Nedeau 'SEP 3 1997
CR2E031(1/95)		Examiner's Initials

FILED

97 SEP -2 MI ID: 26

SECRETARY OF STATE
TALL MINSSET FLORIDA

ARTICLES OF INCORPORATION OF

G.M.A.T. ENTERPRISES, INC.

The undersigned incorporator (s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt (s) the following Articles of Incorporation.

The name of the corporation shall be:

G.M.A.T. ENTERPRISES, INC.

ARTICLE IL PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

741 SW 95 Way Pembroke Pines, F1 33025

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

ARTICLE IV INITIAL REGESTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Mario Manzini 741 SW 95 Way Pembroke Pines, F1 33025

B_Officers: President: MARIO MANZINI Address: 741 SW 95 Way Pembroke Pines, Fl 33025 Vice President: Address: Secretary: Gay Ann Frigerio Address: 741 SW 95 Way Pembroke Pines, Fl 33025 Treasurer: Address: (If needed, you may attach an addendum to the application listing additional officers and/or directors.) 10. Name and Street address of Florida registered agent: Name: Mario Manzini Office Address: 741 SW 95 Way Pembroke Pines, F1 33025 City Zip Code 11. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Registered agent's signature: 12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State. by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated. hoc lain (Signature of Chairman, Vice Chairman, or any officer listed in number 9 of the application 14. MArio Manzini, President (Name and capacity of person signing application)

ARTICLE V-INCORPORATORS

The name:	s and address of the perso	n (s) sienie	no these	Articlas M	•
Incorpora	tion are as follows:	(5) 515	.B 111030	Witteles ()	
Name	Mario Manzini				
Address	741 SW 95 Way			 -	
City I	Pembroke Pines State	F1	Zip	33025	-
•			· · F	····	-
Name	Gay Ann Frigeric)			
Address	741 SW 95 Way				-
City	Pembroke Pinesstate	F1	Zip 33	025	_
Name			- · 		
Address					
City	Contraction				- -
City _	Stat	è	_Zip		
IN WITH	NESS WHEREOF, the unicles of Incorporation this	dersigned 03 day o law C	of Jul	per (s) have y 199 7. (Se conil (Se	al) al)
	OF F <u>lorida</u>) SS YOF <u>Broward</u>)				
M	me, a Notary Public authorie and County set forth ab	ove, perso Gay Ann	nally ap Frig	peared erio	
THE CICIC.	to me and known to be the s of Incorporation, and whe ed these Articles of Incorp	0 acknowi	i) who e ledged b	xecuted the before me the	toregoing
IN WI' in the S	INESS WHEREOF, I has been and County aforesaid (Notary)	t, this 03	day of	d my hand a July, 199	7 .
(Notary	Seal)				

My Commission expires:

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1.	The state of	-grotored agent, in the state of Florida.			
••	The name of the corporation is: G.M.A.T. ENTERPRISES, INC.				
2.	The name and address of the registered agent and office is:	SECR	97 \$		
	MARIO MANZINI	盖出	SEP	1	
	(Name) 741 SW 95 Way (P.O. Box NOT acceptable) Pembroke Pines, F1 33025 (City/State/Zip)	RY OF STATE SSEE, FLORIDA	-2 AN 10: 26	LED	
	Signature Constitution Title President	,			
	DateJuly 3,1997				

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature

REGISTERED AGENT FILING FEE: \$35.00