Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850) 922-4001

From:

Account Name ; FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599 0839 Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

GMR CONSTRUCTION CORP.

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Corporate Filing

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ARTICLES OF INCORPORATION of
GMR Construction Corp
ARTICLE I NAME
The name of the corporation shall be: GMR Construction Corp
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:
3020 North 64th Avenue
Hollywood FL 33024
ARTICLE III CAPITAL STOCK
The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1000
ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS
The name and address of the initial registered agent is:
Eteau Osceola 3020 North 64th Avenue Hollywood FL 33024
ARTICLE V INCORPORATOR
The name and street address of the incorporator to these Articles of Incorporation is:
Eteau Osceola
Hollywood FL 33024 Hollywood FL 33024
Hollywood FL 33024 ARETANY AND SSEE
The undersigned has executed these Articles of Incorporation this16th_day ofAugust_1999

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X Incorporator

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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 number of the corporation is:				
GMR Construction Corp				
2. The name and address of the registered agent and office is:				
Eteau Osceola			<u> </u>	
3020 North 64th Avenue				
Hollywood FL 33024			······	_
,				
Signature:	r 10.5	r /- 4		-
Title: Prosident	_			
Date: 08/16/99				

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 PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Signature:

Date: _08/16/99_____

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