



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
03/18/2004	200407704536	DOMESTIC ARTICLES/FOR PROFIT (ARF)	125.00	.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

ABRAR CPA INC.
15736 LORAIN AVE.
CLEVELAND, OH 44111

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell

1449259

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

GMD SILVER INC.,

and, that said business records show the filing and recording of:

Document(s)

DOMESTIC ARTICLES/FOR PROFIT

Document No(s):

200407704536



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 15th day of March, A.D.
2004.

J. Kenneth Blackwell
Ohio Secretary of State

Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State
 Central Ohio: (614) 466-3910
 Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos
 e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)	
<input type="radio"/> Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of \$100 ***
<input checked="" type="radio"/> No	PO Box 670 Columbus, OH 43216

INITIAL ARTICLES OF INCORPORATION

(For Domestic Profit or Non-Profit)

Filing Fee \$125.00

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

(CHECK ONLY ONE (1) BOX)

(1) <input checked="" type="checkbox"/> Articles of Incorporation Profit (113-ARF) ORC 1701	(2) <input type="checkbox"/> Articles of Incorporation Non-Profit (114-ARN) ORC 1702	(3) <input type="checkbox"/> Articles of Incorporation Professional (170-ARP) Profession ORC 1785
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Complete the general information in this section for the box checked above.

FIRST:	Name of Corporation	<u>GMD SILVER INC.,</u>
SECOND:	Location	<u>NORTH OLMSTED</u> <u>CUYAHOGA</u> (City) (County)
Effective Date (Optional)	<u>03/01/2004</u>	<small>Date specified can be no more than 90 days after date of filing. If a date is specified, the date must be a date on or after the date of filing.</small>
<input type="checkbox"/> Check here if additional provisions are attached		

Complete the information in this section if box (2) or (3) is checked. Completing this section is optional if box (1) is checked.

THIRD:	Purpose for which corporation is formed
	i) TO ENGAGE IN THE BUSINESS OF JEWELRY AND SILVER RETAIL
	ii) TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH CORPORATIONS MAY BE FORMED
	UNDER SECTION 1701.01 TO 1701.98 INCLUSIVE OF THE OHIO REVISED CODE.

Complete the information in this section if box (1) or (3) is checked.

FOURTH:	The number of shares which the corporation is authorized to have outstanding (Please state if shares are common or preferred and their par value if any)		
	<u>750</u>	<u>COMMON</u>	<u>NO PAR VALUE</u>
	(No. of Shares)	(Type)	(Par Value)
(Refer to instructions if needed)			

Complete the information in this section if box (1) (2) or (3) is checked.

ORIGINAL APPOINTMENT OF STATUTORY AGENT

The undersigned, being at least a majority of the incorporators of GMD SILVER INC., hereby appoint the following to be statutory agent upon whom any process, notice or demand required or permitted by statute to be served upon the corporation may be served. The complete address of the agent is

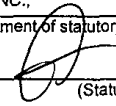
MOHAMMED G. RAHMAN
(Name)
4954 GREAT NORTHERN MALL SUITE # 14
(Street) NOTE: P.O. Box Addresses are NOT acceptable.
NORTH OLMSTED, Ohio 44070
(City) (Zip Code)

Must be authenticated by an authorized representative

	<u>07-06-04</u>
Authorized Representative	Date
<div></div>	<div></div>
Authorized Representative	Date
<div></div>	<div></div>
Authorized Representative	Date

ACCEPTANCE OF APPOINTMENT

The Undersigned, MOHAMMED G. RAHMAN, named herein as the
Statutory agent for, GMD SILVER INC.,
hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature:  _____
(Statutory Agent)

Completing the information in this section is optional

FIFTH: The following are the names and addresses of the individuals who are to serve as initial Directors.

MOHAMMED G. RAHMAN

(Name)

4954 GREAT NORTHERN MALL SUITE # 14

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

NORTH OLMSTED

(City)

OHIO

(State)

44070

(Zip Code)

(Name)

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

(State)

(Zip Code)

(Name)

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

(State)

(Zip Code)

REQUIRED

Must be authenticated
(signed) by an authorized
representative

(See Instructions)



Authorized Representative

MOHAMMED G. RAHMAN

(print name)

03-01-04

Date

Authorized Representative

(print name)

Date

Authorized Representative

(print name)

Date