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V

TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: A	. Gabr	iellin		NC.	
	(PROPOSE)	D CORPORATE	E NAME – <u>MUS</u> T	HNCLUD	E SUFFIX)
Enclosed are an orig	ginal and one (1) cop	py of the article	es of incorporati	ion and a c	heck for:
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of	Status	\$78.75 Filing Fee & Certified C	`ору	\$87.50 Filing Fee, Certified Copy & Certificate of Status REQUIRED
FROM:	Achille 5319				ace
-	PT. Cha	c lotTe City, Sta	i i /ar	33	98/

NOTE: Please provide the original and one copy of the articles.

STANDARD STAND

A	RTICL	ES O	FIN	CORP	ORATION
			A A . T	\sim	$\mathbf{O}_{\mathbf{A}\mathbf{W}}$

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

05 MAR 22 PM 3: 00

SECRETARY OF STATE FALL AHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

H. Gabriellini Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5319 Converterrace pt. Charlotte

ARTICLE III *PURPOSE*

The purpose for which the corporation is organized is:

Home Improvement

ARTICLE IV SHARES

The number of shares of stock is:

188 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Achille Gabriellini Prez.

Low MasTrotoraro V. Prez.

VINCE Taylor Tres.

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Achille Gabriellini 5319 conner Terrace PT. Charlotte Fla 33981

ARTICLE VII **INCORPORATOR**

The name and address of the Incorporator is:

Achille Gabriellini 50 5319 Convor Terrace PT CharloTTE Fla 33981

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

Signature/Registered Agent

3/16/05

Signature/Incorporator