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(Requestor's Name)				
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PICK-UP WAIT MAIL				
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08 APR 16 PH 4: 26
SECRETARY OF STATE
SECRETARY OF STATE

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COVER LETTER

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

SUBJECT:	GAZELL	ETITLES	ERVICES, IN	
	GAZELLE TITLE SERVICES, INC (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)			
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	a check for:	
	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	Filing Fee, Certified Copy	
	,	ADDITIONAL CO	& Certificate of Status PPY REQUIRED	
FROM:	Rita ((Printed or typed)		
	7 E. S.	Address Sprin	gs, St, 103	
	Ocala Florioa 34470. City, State & Zip			
	352 - Davtime	484-0075 Telephone number		

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 31, 2008

RITA G VALENTI 7 E SILVER SPRINGS STE 103 OCALA, FL 34470

SUBJECT: GAZELLE TITLE SERVICES, INC.

Ref. Number: W08000016486

We have received your document for GAZELLE TITLE SERVICES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap Regulatory Specialist II New Filing Section

Letter Number: 008A00018826

OR APR 16 AM 8: 00

ELED ARTICLES OF INCORPORATION 08 APR 16 PM 4: 26 In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) SECRETARY OF STATE TALLAHASSEE, FLORIDA <u>NA</u>ME ARTICLE I The name of the corporation shall be: GAZELLE TITLE SERVICES, INC. <u>ARTICLE II PRINCIPAL OFFICE</u> The principle street address and mailing address, if different is: OCALA, FLORIDA 34490 The purpose for which the corporation is organized is: Title INSURANCE AGENCY ARTICLE IV SHARES The number of shares of stock is: INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Rito G. VAlenti 7 E. Silver Springs, Suite 103 OCALA, FLURIDA 34470 ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Rita G. Valenti DE Silver Springs, Suite 103 OCALA, FLORIDA 34470. ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Rito G. VALENT ME. Silven Springs, Suite 103 OCALA, FLORION 34470. 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

Signature/Incorporator