

2/27/24, 1:18 PM

Division of Corporations

N24000003538

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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To:

Division of Corporations  
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From:

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2024 MAR 18 PM 12:52

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**Gable Society Inc.**

Certificate of Status	0
Certified Copy	1
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### COVER LETTER

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

SUBJECT: Gable Society Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

\$70.00  
Filing Fee

\$78.75  
Filing Fee &  
Certificate of  
Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: Cheyenne Mosckey, legalzoom.com, Inc.  
Name (Printed or typed)

101 N Brand Blvd., 11th Fl.  
Address

Glendale, CA 91203  
City, State & Zip

323 962-8600 ext. 9724  
Daytime Telephone number

ramanagement@legalzoom.com  
E-mail address: (to be used for future annual report notification)

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

**ARTICLES OF INCORPORATION**  
in compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Gable Society Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
304 W Venice Ave., Suite 204

Mailing address, if different is:

Venice, FL 34285

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Please see attachment

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: The method by  
which the directors of the corporation are elected or appointed will be stated in the bylaws.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Anthony Pacione (D)  
Address: 304 W Venice Ave., Suite 204  
Venice, FL 34285

Name and Title: Sienna Pacione (D)  
Address: 304 W Venice Ave., Suite 204  
Venice, FL 34285

Name and Title: Mayte Pacione (D)  
Address: 304 W Venice Ave., Suite 204  
Venice, FL 34285

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

Name:	United States Corporation Agents, Inc.
Address:	476 Riverside Ave.
	Jacksonville, FL 32202

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name:	Anthony Pacione
Address:	301 W Venice Ave., Suite 204
	Venice, FL 34285

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

02/20/2024

Required Signature of Registered Agent

Date

Cheyenne Moseley, United States Corporation Agents, Inc.

*I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

02/25/2024

Required Signature of Incorporator

Date

Anthony Pacione

