

P00000045272

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

SUBJECT: GABLES II ENTERPRISES, INC.

(Proposed corporate name - must include suffix)

900003238069--4
-05/03/00--01125--006
****122.50 *****78.75

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

☒ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: ADAM SHWANI
Name (Printed or typed)

3954 SW 8TH STREET
Address

CORAL GABLES, FL 33134
City, State & Zip

(305) 448-9270
Daytime Telephone number

FILED
00 MAY -3 AM 8:07
SECRETARY OF STATE
TALLAHASSEE, FL 32304

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

S-8
WC

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

GABLES III ENTERPRISES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

BUSINESS ADDRESS: 1900 NORTH BAY VILLAGE
MIAMI BEACH, FL 33139
MAILING ADDRESS: 3954 SW 8TH STREET
CORAL GABLES, FL 33134

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

ADAM SHWARTZ
3954 SW 8TH STREET
CORAL GABLES, FL 33134

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

ADAM SHWARTZ
3954 SW 8TH STREET
CORAL GABLES, FL 33134

x 
Signature/Incorporator

x 5/1/00
Date

(An additional article must be added if an effective date is requested.)

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

x 
Signature/Registered Agent

x 5/1/00
Date

FILED
00 MAY -3 AM 8:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA