P 00 000 106 129

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

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SUBJECT: CROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX

Enclosed is an origina	al and one(1) copy of the article	es of incorporation and a	t check for :		
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
	Λ		PI REQUIRED	00 NOV	
FROM: GREGORY A BOWMAN Norme (Printed or typed) 1810 E OHKAND Pank Blue #18 FORMAN Address				10V 13	Ï
				AH 11: 55	FILED
	F+ Lauden, City,	poleFL 3 State & Zip	3306		
	954-56	V- 340D			

* CHESSES NOV 1 4 2000

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

Daytime Telephone number

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

ARTICLE I NAME

The name of the corporation shall be:

GAB MANAGEMENT, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1810 East Oakland Park Blvd. #15 Ft. Lauderdale, FL 33306

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Maintenance/service banking

ARTICLE IV SHARES

The number of shares of stock is:

100 One hundred shares

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Gregory A. Bowman Pres.

Treasurer

33306

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Gregory A. Bowman 1810 East Oakland Park Blvd. #15

Ft. Lauderdale, FL

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Gregory A. Bowman 1810 East Oakland Park Blvd. #15

FT. Lauderdale, FL 33306

Signature/Registered Agent

Signature/Incorporator

Date

00 NOV 13 AM 11:55