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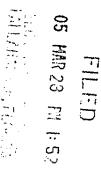
(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
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4/1/05

TRANSMITTAL LETTER

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

SUBJECT: GABLES CONSULTING, INC.				
	(PROPOSED CORPORAT	E NAME – <u>MUST INCL</u> I	UDE SUFFIX)	
Enclosed are an orig	rinal and one (1) copy of the artic	les of incorporation and	a 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 PY REQUIRED	
FROM: RICHARD L DELGADO				
Name (Printed or typed)				
	7121 SW 57 ST			
Address				
	MIAMI, FL 33143			
City, State & Zip				
	305-798-6357	lenhone number		

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

GABLES CONSULTING, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 7121 SW 57 ST MIAMI, FL 33143

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SOFTWARE CONSULTING

ARTICLE IV SHARES

The number of shares of stock is:

10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

RICHARD L DELGADO P, S MIRIAM D EGUSQUIZA VP, T

ARTICLE VI REGISTERED AGENT

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

RICHARD L DELGADO 7121 SW 57 ST MIAMI, FL 33143

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

RICHARD L DELGADO 7121 SW 57 ST MIAMI, FL 33143

**************************************	**************************************
certificate, I am familiar with and accept the appointment as registered	l agent and agree to act in this capacity
De la companya della companya della companya de la companya della	3/24/01
Signature/Registered Agent	Date ,
Q X	3/24/05
Signature/Incorporator	Date