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(Re	equestor's Name)	·
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

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

SUBJECT: Pablo's Cable Inc.		
(PROPOSED CORPORA) Enclosed are an original and one (1) copy of the artic		
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM: Paul Ruben		
Name	(Printed or typed)	
1753 Four Mile Cove F	Pkwy 121	
Cape Coral, FL 3 <u>3</u> 990	State & Zip	,
239-895-4552	elephone 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: Pablo's Cable Inc. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 1753 Four Mile Cove Pkwv 121 Cape Coral, FI 33990 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Low voltage Wiring, ARTICLE IV SHARES The number of shares of stock is: 100 INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Paul Ruben 1753 Four Mile Cove Pkwy 121 Cape Coral, FI 33990 (President) REGISTERED AGENT ARTICLE VI The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Paul Ruben 1753 Four Mile Cove Pkwy 121 Cape Coral, Fl 33990 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Paul Ruben 1753 Four Mile Cove Pkwy 121 Cape Coral, FI 33990 *************************

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 10/27/05

Signature/Incorporator D