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SECRETARY OF STATE
AND AN ASSESSED FROM THE

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TRANSMITTAL LETTER

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

SUBJECT: ____ GAB PROPERTIES 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	\$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
}	& Certificate	& Certified	Certified cor
	of Status	Сору	& Certificate of Status
		ADDITIONAL C	OPY REQUIRED

FROM: SHIRNET E GORDON

Name (Printed or Typed)

9153 SEDGEWOOD DRIVE

Address

LAKE WORTH, FLORIDA 33467

City, State & Zip Code

DAYTIME TELEPHONE 954-471-2742

CELLPHONE

954-471-2742

\$87.50 Filing Fee, Certified copy & Certificate of Status

Daytime Telephone/Cellphone Number

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

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:

GAB PROPERTIES INC.

ARTICLE II PRINCIPAL OFFICE

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

GAB PROPERTIES INC.

C/O SHIRNET E GORDON 9153 SEDGEWOOD DRIVE LAKE WORTH, FLORIDA 33467

ARTICLE III PURPOSE OF CORPORATION

ANY and All LAWFUL BUSINESS

ARTICLE IV SHARES

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

100 shares

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

LEONA J RAY 4321 NW 7TH STREET PLANTATION, FLORIDA 33317

ARTICLE VI INCORPORATOR

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

SHIRNET E GORDON 9153 SEDGEWOOD DRIVE LAKE WORTH, FLORIDA 33467 NOV 28 AM 8

ARTICLE VII OFFICERS OF CORPORATION

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

TITLE: PRESIDENT

SHIRNET E GORDON 9153 SEDGEWOOD DRIVE LAKE WORTH, FLORIDA 33467 SECRETARY OF STATE TALLAHASSEE, FLORIDA

Signature/Incorporator

(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.

Signature/Registered Agent

Date