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(Req	uestor's Name)	
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PICK-UP	WAIT	MAIL
(Busi	ness Entity Nam	le)
(Docu	ument Number)	
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Certified Copies	Certificates	of Status
• =====		
		
Special Instructions to Fi	ling Officer:	
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Office Use Only



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COVER LETTER

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

SUBJECT:	GABLES (PROPOSED CORPORA)	STUDI.	O CO
Enclosed are an orig	rinal and one (1) copy of the artic \$78.75 Filing Fee & Certificate of Status	Stess of incorporation and State of Sta	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM: GABLES STUDIO CO Name (Printed or typed) 19200 SW 106 Th Ave #15 Address			
	MIAMI, E		<u>3315</u> 7

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

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,	ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
۴	in comphance with chapter our and of chapter 021, 1.5. (1101h)
	ARTICLE I NAME
	The name of the corporation shall be:
	The name of the corporation shall be.
	ARTICLE I NAME The name of the corporation shall be: GAbles STudio Co.
	ARTICLE II PRINCIPAL OFFICE
	The principal place of hysiness/mailing address is:
	200 and Cost 111 TT 100 Th 1100 Part #15
	19200 South West 106 th Avenue, BAY #15
	MIAMI, Florida 33157 ARTICLE III PURPOSE The purpose for which the corporation is organized is:
	PHotography
	ARTICLE IV SHARES
	The number of shares of stock is:
	100
	ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
	List name(s), address(es) and specific title(s):
	List hame(s), address(es) and specific inte(s).
	Valeria Tikhonova (President, VP, Sec, Treasure)
	622 NORTH WEST 6TH AVENUE
	HomesTead, Florida 33030
	ARTICLE VI REGISTERED AGENT
	The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
	Valeria Tikhonova
	622 NW 6 MANE, HOMESTEAD, Fla 33030
	ARTICLE VII INCORPORATOR
	The name and address of the Incorporator is:
	Valeria Tikhonova
	622 NW 6th AV. Horrestead, Fla 33030

	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
	(A)
	Cianatura (Davistana) A cont
	Signature/Registered Agent / Date /
	410 410 4/30/6°
	Signature/Incorporator Date