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Florida Department of State
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To:

Division of Corporations
Fax Number : (850)205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

**FLORIDA PROFIT/NON PROFIT
CORPORATION**

gables development group, inc.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

ARTICLES OF INCORPORATION

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

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DIVISION OF CORPORATIONS

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ARTICLE I NAME

The name of the corporation shall be:

GABLES DEVELOPMENT
GROUP, INC.**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

5829 EAGLE CAY LN
COCONUT CREEK, FL 33073**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY LEGITIMATE
BUSINESS ACTIVITY**ARTICLE IV SHARES**

The number of shares of stock is:

100 SHARES @ 1.00 PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

SCARLETT FONSECA
5829 EAGLE CAY LN.
COCONUT CREEK, FL 33073**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:SCARLETT FONSECA
5829 EAGLE CAY LN.
COCONUT CREEK, FL 33073**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:SCARLETT FONSECA
5829 EAGLE CAY LN
COCONUT CREEK, FL 33073

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

X S. Fonseca.

Signature/Registered Agent

JUNE 20, 2006

Date

✱

Incorporator

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