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

From:
      Account Name    : XIOMARA LEE, P.A.
      Account Number  : I20040000008
      Phone           : (305)262-2323
      Fax Number      : (305)262-2324
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FLORIDA PROFIT/NON PROFIT CORPORATION

GABY BILLING DEPT INC.

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	$87.50

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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:
GABY BILLING DEPT INC.

ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is:
4005 NW 114 AVE SUITE 22
MIAMI, FL 33178

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS

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):
CARLOS A. HERNANDEZ (PRESIDENT/DIRECTOR)
4005 NW 114 AVE SUITE 22
MIAMI, FL 33178

ARTICLE VI REGISTERED AGENT
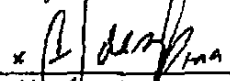The name and Florida street address of the registered agent is:

CARLOS A. HERNANDEZ
4005 NW 114 AVE SUITE 22
MIAMI, FL 33178

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:

CARLOS A. HERNANDEZ
4005 NW 114 AVE SUITE 22
MIAMI, FL 33178

****

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 _____   08/01/2006
Signature/Registered Agent   Date

x _____   08/01/2006
Signature/Incorporator   Date

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