# Florida Department of State Division of Corporations

Public Access System

# **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H070000374393)))



H070000374393ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number : I20010000247 Phone : (800)494-3124 Fax Number : (305)675-2811

# FLORIDA PROFIT/NON PROFIT CORPORATION

## GABEL SE WEL FEL INC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

OTFEB -9 AMII: 2

Help

2/9/2007 6:03 PM

H07000037439 3

## 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:

GABEL SE WEL FEL INC

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

6289 W SUNRISE BLVD APT 250 PLANTATION FLORIDA 33313

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity business permitted under the laws of the State of Florida.

#### ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

# ARTICLE V INITIAL OFFICERS / DIRECTORS

The name(s), address(es), and title(s) of the directors and officers is/are:

#### DIRECTOR:

VLADIMYR ETIENNE 275 SW 15TH ST APT 108 POMPANO BCH FLORIDA 33060

## PRESIDENT:

FRANTZ ALCIME 6289 W SUNRISE BLVD APT 250 PLANTATION FLORIDA 33313

# **YICE PRESIDENT:**

JAMES MOMPLAISIR 15050 NE20TH AVE STE 113 NORTH MIAMI FLORIDA 33181

H07000037439 3

#### PAGE 2 GABEL SE WELL FEL INC

## SECRETARY:

MARCELLUS JEAN JUNIOR 15050 NE 20TH AVE STE 113 NORTH MIAMI FLORIDA 33181

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

FRANTZ ALCIME 6289 W SUNRISE BLVD APT 250 **PLANTATION FLORIDA 33313** 

# ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is: FRANTZ ALCIME **6289 W SUNRISE BLVD APT 250** PLANTATION FLORIDA 33313

\*

Having been named as registered agent to accept service of process for the above 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.

CIME/ REGISTERED AGENT

H07000037439 3