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COVER LETTER

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

SUBJECT: GADAL ENTERPRISES, INC (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$70.00 \$78.75 \$87.50 \$78.75 Filing Fee Filing Fee Filing Fee, Filing Fee & Certificate of Status Certified Copy & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED GIODARDO DEL CAMPO FROM: Name (Printed or typed) 15283 SW 91 ST Address MIAMI,FL, 33196 City, State & Zip 786-470-7166 Daytime Telephone number

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

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:

GADAL ENTERPRISES, INC

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 15283 SW 91 ST, MIAMI, FL, 33196

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
GIODARDO DEL CAMPO---15283 SW 91 ST, MIAMI, FL,33196---PRESIDENT
TAMARA GARCIA-----15283 SW 91 ST, MIAMI, FL 33196---VICE-PRESIDENT

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: GIODARDO DEL CAMPO------15283 SW 91 ST, MIAMI, FL,33196

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: GIODARDO DEL CAMPO------15283 SW 91 ST, MIAMI, FL,33196

Signature/Incorporator

**************	**************
Having been named as registered agent to accept service of process certificate, I am familiar with and accept the appointment as registere	
((Poly)	05/14/08
Signature Registered Agent	Date
(Pain	05/14/08

Date

SECRETARY OF STATIONS DIVISION OF CORPORATIONS