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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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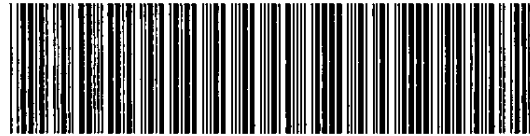
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers FEB 08 2011

## COVER LETTER

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

**SUBJECT: GABI FOODS CORP.**

(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 Filing Fee  
☒ \$78.75 Filing Fee  
& Certificate of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☐ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: RON HAIBI

Name (Printed or typed)

2494 NW 186 AVE

Address

PEMBROKE PINES, FL 33029

City, State & Zip

954-274-0593

Daytime Telephone number

RONHAIBI@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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: **GABI FOODS CORP**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
**2494 NW 186 AVE**  
**PEMBROKE PINES, FL 33029**

Mailing address, if different is:

**SAME**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**PREPARED FOODS SALES**

**ARTICLE IV SHARES**

The number of shares of stock is **7500**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **RON HAIBI- PRESIDENT**  
Address: **2494 NW 186 AVE**  
**PEMBROKE PINES, FL 33029**

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: **RON HAIBI**  
Address: **2494 NW 186 AVE**  
**PEMBROKE PINES, FL 33029**

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

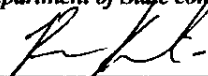
Name: **RON HAIBI**  
Address: **2494 NW 186 AVE**  
**PEMBROKE PINES, FL 33029**

*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*

  
\_\_\_\_\_  
Required Signature/Registered Agent

**02/02/2011**  
\_\_\_\_\_  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
\_\_\_\_\_  
Required Signature/Incorporator

**02/02/2011**  
\_\_\_\_\_  
Date

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**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**