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Florida Department of State

Division of Corporations
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Fax Number : (850) 617-6381

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Account Name : EMPIRE CORPORATE KIT COMPANY
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**FLORIDA PROFIT/NON PROFIT CORPORATION
GAB 88, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	02
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TALLAHASSEE, FLORIDA

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May 12, 2011 .

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EMPIRE CORPORATE KIT COMPANY

SUBJECT: GAB 88, INC.
REF: W11000026486

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

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Jessica A Fason
Regulatory Specialist II

FAX Aud. #: H11000129302
Letter Number: 811A00011830

P.O. BOX 6327 - Tallahassee, Florida 32314

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

ARTICLE I NAME GAB 88, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
11324 NW 42 Terrace
Doral Florida 33178

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
The Management of certain real properties

ARTICLE IV SHARES
The number of shares of stock is: 150

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Adriana Beatriz Muniz
Address: President
11324 NW 42 Terrace
Doral Florida 33178

Name and Title: _____
Address: _____

Name and Title: Jose Francisco Muniz
Address: Vice President
11324 NW 42 Terrace
Doral Florida 33178

Name and Title: _____
Address: _____

Name and Title: Gabriela Muniz
Address: Secretary
11324 NW 42 Terrace
Doral Florida 33178

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: Lorenzo Cobiella, Esq.
Address: 2855 S. Lejeune Road PH11C
Coral Gables Florida 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lorenzo Cobiella, Esq.
Address: 2855 S. Lejeune Road PH11C
Coral Gables Florida 33134

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

[Signature]
Required Signature/Registered Agent

5/10/2011
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.

[Signature]
Required Signature/Incorporator

5/10/2011
Date

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TALLAHASSEE, FLORIDA