

P110000108401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

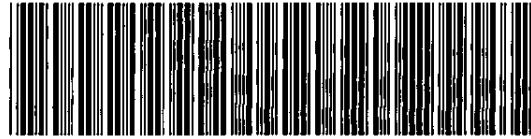
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500215324575

12/27/11--01052--005 \*\*78.75

FILED  
2011 DEC 27 AM 10:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers DEC 28 2011

## COVER LETTER

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

SUBJECT: Gabriel Nagar P.A.

(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: Gabriel Nagar

Name (Printed or typed)

18999 Biscayne Blvd. #203

Address

Aventura, Florida 33180

City, State & Zip

239-293-6055

Daytime Telephone number

gabenagar@aol.com

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

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 DEC 27 AM 10:29

FILED

# ARTICLES OF INCORPORATION

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

## ARTICLE I NAME

Gabriel Nagar P.A.

The name of the corporation shall be:

## ARTICLE II PRINCIPAL OFFICE

Principal street address

18999 Biscayne Blvd #203

Aventura, Florida 33180

Mailing address, if different is:

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Legal Services (Law Firm)

## ARTICLE IV SHARES

The number of shares of stock is: 100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gabriel Nagar, P

Address: 18999 Biscayne Blvd. #203

Aventura, Florida 33180

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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: Gabriel Nagar

Address: 18999 Biscayne Blvd #203

Aventura, Florida 33180

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Gabriel Nagar

Address: 18999 Biscayne Blvd. #203

Aventura, Florida 33180

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

12/19/11

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

12/19/11

Date

FILED  
2011 DEC 27 AM 10:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA