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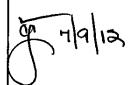
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## CÖVER LETTER

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

SUBJECT: GABLAN / NCORPORATED

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

FROM: KHALID KABLAN
Name (Printed or typed)
2480 NE ZZND. STREET
POMPANO BEACH FLORIDA 33062 City, State & Zip
954 303 249 6 Daytime Telephone number
E-mail address: (to be used for future annual report notification)

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)

FILED

SECRETARY OF STATE STATE CORPORATIONS ARTICLE I NAME GABLAN INCORPORATED The name of the corporation shall be: 12 JUL -5 PM 2: 18 ARTICLE II PRINCIPAL OFFICE Principal street address Mailing address, if different is: MOANO BEACH ARTICLE III PURPOSE The purpose for which the corporation is organized is: WHOLESALE CONSUMER GOODS GENERAL MERCHAN012E ARTICLE IV SHARES 1000 The number of shares of stock is: INITIAL OFFICERS AND/OR DIRECTORS Name and Title: KHALID KAGLAN Name and Title: 2480 NE 22 ND. STREET Address: POMPANO BERCH RESIDENT- FLORIDA 33062 Name and Title: KARMAH | 0 D Y Name and Title: Address: 2480 NG ZOND STREET POMPANO , FLORIDA 330 KBUQUABLAN Name and Title: Name and Title: NOHAMA AD 2480NE 22ND STREET POMAGNO BEACH DECRETARY ->FLORIDA 3306 REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: KARIMAH JUDY BELL Name: Address: 2480 NE 22 ND POMPAND BEACH FL ARTICLE VII INCORPORATOR The name and address of the Incorporator is: KHALID Name: Address: POMPANO BEACH 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 4 cmas Required Signature Registered Agent 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. 7/02/2012 Date quired Signature/Incorporator