

PI 300009288

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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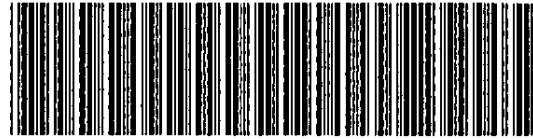
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 JAN 28 AM 11:43

PS 1/29/13

## COVER LETTER

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

SUBJECT: **GATOR CABLE COMMUNICATIONS 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

FROM: **RAMON VARGAS**  
Name (Printed or typed)  
**7107 SW 21 STREET**  
Address  
**MIAMI, FL. 33155**  
City, State & Zip  
**954-552-8096**  
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)

**ARTICLE I. NAME**

The name of the corporation shall be: **GATOR CABLE COMMUNICATIONS, CORP**

**ARTICLE II. PRINCIPAL OFFICE**

Principal street address

**7107 SW 21 STREET**

**MIAMI, FL. 33155**

Mailing address, if different is:

**7107 SW 21 STREET**

**MIAMI, FL. 33155**

**ARTICLE III. PURPOSE**

The purpose for which the corporation is organized is:

**ANY AND ALL LAWFUL BUSINESS**

**ARTICLE IV. SHARES**

The number of shares of stock is: **100 SHARES**

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

Name and Title: **RAMON VARGAS-P**

Address: **7107 SW 21 STREET**

**MIAMI, FL. 33155**

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: RAMON VARGAS

Address: 7107 SW 21 STREET

MIAMI, FL. 33155

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: RAMON VARGAS

Address: 7107 SW 21 STREET

MIAMI, FL. 33155

*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

01/24/2013

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

01/24/2013

Date