

6/21/13

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

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Account Name : ALLSTATE MEDICAL CONSULTING,
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**FLORIDA PROFIT/NON PROFIT CORPORATION
GABER NATURAL SUPPLEMENTS CORP**

Certificate of Status	0
Certified Copy	0
Page Count	01
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06/24/13

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13 JUN 21 AM 10:17

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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:

GABER NATURAL SUPPLEMENTS CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

15335 SW 17 TERRACE

MIAMI, FL 33185

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **P GARROTE, KIRIA**

Address

**15335 SW 17 TERRACE
MIAMI, FL 33185**

Name and Title:

Address:

Name and Title: **VP GARROTE, LUIS**

Address

**15335 SW 17 TERRACE
MIAMI, FL 33185**

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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TALLAHASSEE, FLORIDA

(cont)

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: GARROTE, KIRIA
Address: 15335 SW 17 TERRACE
MIAMI, FL 33185

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GARROTE, KIRIA
Address: 15335 SW 17 TERRACE
MIAMI, FL 33185

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

6-14-13
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

6-14-13
Date