

From

01/23/2015 10:52

#684 P.001/003

Division of Corporations

Page 1 of 1

P/5000006416

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000018702 3)))



H150000187023ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800) 221-2972
Fax Number : (888) 692-9256

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED

15 JAN 23 AM 11:05

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION
FABEL SALES AND SERVICE INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

01/26/15

15 JAN 23 PM 12:36

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

From:

01/23/2015 10:52

#684 P.002/003

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: FABEL SALES AND SERVICE INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

21218 ST. ANDREWS BLVD., STE 244, BOCA RATON, FL 33433

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any law full purpose for which a corporation may be formed under Florida law.

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALEC J. FABEL, Director Name and Title: _____

Address 21218 ST. ANDREWS BLVD., STE 244 Address: _____

BOCA RATON, FL 33433 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JAN 23 PM 12:36

From:

01/23/2015 10:53

#684 P.003/003

(conti.)

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: ALEC J. FABEL
 Address: 21218 ST. ANDREWS BLVD., STE 244
BOCA RATON, FL 33433

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ALEC J. FABEL
 Address: 21218 ST. ANDREWS BLVD., STE 244
BOCA RATON, FL 33433

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATION
 15 JAN 23 PM 12:36

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.

⊕ Alec J. Fabel
 Required Signature Registered Agent

1/23/15
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.

⊕ Alec J. Fabel
 Required Signature/Incorporator

1/23/15
Date