P150000 17594

(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:				

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FEB 2 3 2015

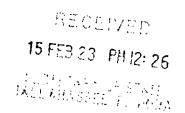


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February 5, 2015

JOSEPH GABRIS 1800 SANS SOUCI BLVD., #231 NORTH MIAMI, FL 33181

SUBJECT: JOSEPH GABRIS P.A. Ref. Number: W15000008616

We have received your document for JOSEPH GABRIS P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 615A00002440

COVER LETTER

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

SUBJECT: JOS	eph Gabris P.A.		
	(PROPOSED CORPOR	ATE NAME – MUST INCL	<u>UDE SUFFIX</u>)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation an	d 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 CO	PY REQUIRED
FROM: Jo	oseph Gabris	e (Printed or typed)	<i>,</i>
18	300 Sans Souci l	Blvd., #231	
		Address	
N	orth Miami, FI 33	3181	
	City,	State & Zip	
(7	86) 991-4889		
	Daytime 7	Telephone number	
jo	eygabris@yahoo	o.com	
	r-mail andress: (In he lise	'A JOY HIMBY ANNIAL TENOTE	notitication l

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)

The name of the corpora	tion shall be: Joseph Gabris F	P.A.		
ARTICLE II PRINCIPAL OFFICE Principal street address Joseph Gabris		Mailing address, if different is:		
	Souci Blvd., #231			
North Miami				
				
The purpose for which t	POSE he corporation is organized is: Any and a	ıll lawful busir	ness related to real estate	<u></u>
				
				
.				
			.,	99 4€, 71
ARTICLE IV SHA The number of shares of	RES 1000		FEB	757 h
		_	23	22 22
	Joseph Gabris, President	-	7	
	1800 Sans Souci Bvd. #231		·	- <u> </u>
Address	North Miami, FI 33181	Address:	<u></u>	***
		•		
Name and Title:		Name and Title:	:	
Address		Address:		
				· · ·
Name and Title:		Name and Title:	:	
Address				
		.		
	7.70 M 10 M			

Name and	I Title:	Name and Title:	.
- Address		Address:	
ARTICLE VI	REGISTERED AGENT		
The name and Flo	orida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	Joseph Gabris		
Address:	1800 Sans Souci Blvd., #231		
	North Miami, FI 33181		
ARTICLE VII	INCORPORATOR		
The <u>name and ad</u>	dress of the Incorporator is:		
Name:	Joseph Gabris		
Address:	1800 Sans Souci Blvd., #231		
	North Miami, FI 33181		
	ned of registered agent to accept service of process im familiar with and accept the appointment as reg		
to	24X-A	1/2	4/2015
	Required Signature/Registered Agent	 	Date
I submit this docu	ument and affirm that the facts stated herein are i Department of State constitutes a third degree felong	true. I am aware that the false inform y as provided for in s.817.155, F.S.	mation submitted in a
Kel	A		24/2015
	Required Signature/Incorporator		Date