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(Re	equestor's Name)			
(Ac	ldress)			
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(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Na	me)		
(Do	ocument Number)		
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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COVER LETTER

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

SUBJECT:	Herin Gamble PROPOSED CORPORA	Inc.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCLI</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Certified Copy & Certificate of Status
FROM:	Kevin Gaub	(Printed or typed)	
	3447 Countr		
	Part Orange City	F1. 32129 , State & Zip	
*******	386 - 451 Daytime 7	-857(Felephone number	·
	Kevin a Camte E-mail address: (to be use	chfl. Com	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 corpora	tion shall be:	Kerin	Gauble	inc.	(A) (F) (m)
ARTICLE II PRINC 3447 Co Port Ora	Principal <u>street</u>	laddress Matter Dr		Mail	ing address, if different isto
ARTICLE III PURPO The purpose for which t	<u>2SE</u> he corporation i	is organized is: _ -facturing	Dutside Softwar	Sales e	and technical
	stock is:	AND/OR DIREC	<u>tors</u> Pes, Sent _{Nam}	o and Title	
Address	3447 (auer Dr. Addr		
Name and Title Address			Name		
Name and Title			Name		

Address:	
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Dr.	
7	왕 전 명
Or.	
cannot be more than five busine icable statutory filing requirement.	ss days prior or 90 business
cords.	
	9-10-11 Date
nt	Date
, jeivij us provid cu j oi in 5.017.1.	_
	9-10-15 Date
	Address: O O O O O O O O O O O O O

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