

P16000005464

(Requestor's Name)

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(Address)

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16 JAN -8 PM12:57  
DIVISION OF CORPORATIONS

EFFECTIVE DATE 01/01/16

01/21/16

## COVER LETTER

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

**SUBJECT:** James Gabriel PA

(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:** James A Gabriel

Name (Printed or typed)

794 NW 83 Lane

Address

Boca Raton Florida 33487

City, State & Zip

(561) 999-0999

Daytime Telephone number

jimgabriel64@gmail.com

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: James Gabriel PA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
794 NW 83 Lane Boca Raton FL 33487

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Real Estate Sales Agent

**ARTICLE IV SHARES**

The number of shares of stock is: 25

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

Name and Title: James A Gabriel President

Name and Title:

Address 794 NW 83 Lane

Address:

Boca Raton FL 33487

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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STATE  
16 JUN -8 PM 12:57

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: James A Gabriel

Address: 794 NW 83 Lane

Boca Raton FL 33487

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: James A Gabriel

Address: 794 NW 83 Lane

Boca Raton FL 33487

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15 JAN -9 PM 12:57

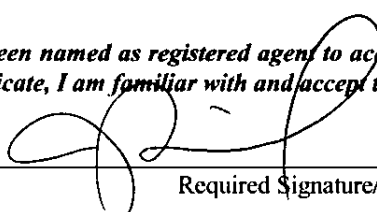
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 1/1/2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

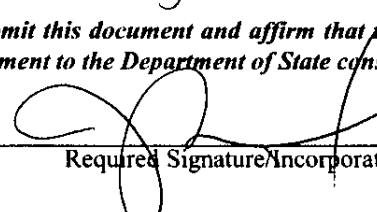
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

1/5/2016  
\_\_\_\_\_  
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

1/5/2016  
\_\_\_\_\_  
Date

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Name and Title:

Address 794 NW 83 Lane

Address:

Boca Raton FL 33487

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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SECRETARY OF STATE  
16 JAN -8 PM 12:57  
INCORPORATIONS

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

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

\_\_\_\_\_  
\_\_\_\_\_

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Boca Raton FL 33487

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The **name and address** of the Incorporator is:

Name: James A Gabriel

Address: 794 NW 83 Lane

Boca Raton FL 33487

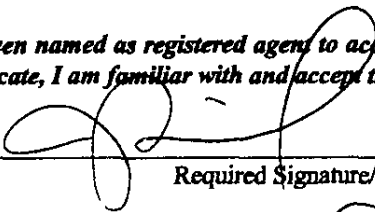
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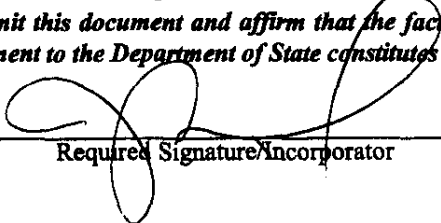
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Required Signature/Registered Agent

1/5/2016  
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

1/5/2016  
Date