

P1.6000000 7814

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(Business Entity Name)

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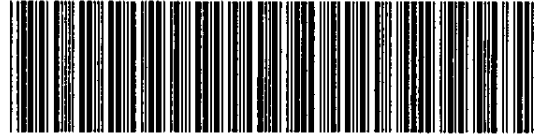
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

JAN 28 2016

A. DUNLAP

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01/12/16--01014--003 \*\*70.00

## COVER LETTER

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

**SUBJECT:** Gables Realty Advisors, Inc.  
**(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:** Hossein Shahroodi  
Name (Printed or typed)

4747 Pinemore Lane  
Address

Lake Worth, Florida 33463  
City, State & Zip

561-302-8696  
Daytime Telephone number

sharoodi@msn.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: Gables Realty Advisors, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

45 Valencia Ave.

4747 Pinemore Lane

Coral Gables, FL 33134

Lake Worth, FL 33463

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

To conduct the business of real estate brokerage, management and advisement.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: P Hossein Shahroodi

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

Address 4747 Pinemore Lane

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

Lake Worth, FL 33463

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

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

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

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

FILED  
16 JAN 12 AM 9:30  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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: Hossein Shahroodi

Address: 4747 Pinemore Lane

Lake Worth, FL 33463

**ARTICLE VII INCORPORATOR**

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

Name: Hossein Shahroodi

Address: 4747 Pinemore Lane

Lake Worth, FL 33463

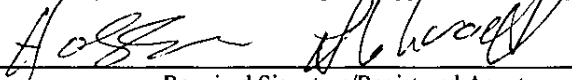
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: Jan. 4th, 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

01/08/2016  
\_\_\_\_\_  
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

01/08/2016  
\_\_\_\_\_  
Date

FILED  
16 JAN 12 AM 9:29  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA