

P/6000084772

Florida Department of State
Division of Corporations
Covering Cover Sheet

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

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION
GABI TRANSMISSION SERVICE INC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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Corporate Filing Menu

Help

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OCT 21 2016

Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of GADI TRANSMISSION SERVICE INC of Doc #
P10000082717 are the same owners of the attached articles of
incorporation. We have dissolved the company and have no intention of reopening it. Thank
you for your help in this matter.

Very Sincerely,

GABRIEL QUINTANA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

16 OCT 20 PM 12:21

ARTICLE I NAME

The name of the corporation shall be: GABI TRANSMISSION SERVICE INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

600 NW 22ND AVE

600 NW 22ND AVE

MIAMI FLORIDA 33125

MIAMI FLORIDA 33125

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TRANSMISSION REPAIRS

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES @1.00 PER VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRESIDENT GABRIEL QUINTANA

Name and Title: _____

Address 600 NW 22ND AVE

Address: _____

MIAMI

FLORIDA 33125

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: GABRIEL QUINTANA
 Address: 600 NW 22ND AVE
MIAMI FLORIDA 33125

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GABRIEL QUINTANA
 Address: 600 NW 22ND AVE
MIAMI FLORIDA 33125

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

Gabriel Quintana _____ 10/17/2016
 Required Signature/Registered Agent 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.

Gabriel Quintana _____ 10/17/2016
 Required Signature/Incorporator Date