

P1800070341

Division of Corporations
Florida Department of State
Division of Corporations
Filing Cover Sheet

CLARA GIRALDO P.A.
84 AVENUE SUITE C
MIAMI, FL 33135
PH: 305-35-9300

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000238365 3)))



H180002383653ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : CLARA GIRALDO, P.A.
Account Number : I19990000017
Phone : (305)485-9300
Fax Number : (305)485-1098

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
EVENTS BY GABO INC**

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

2018 AUG 15 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

ARTICLES OF INCORPORATION
OF
EVENTS BY GABO, INC

CLARA GIRALDO E.A.
4080 SW 84 AVENUE SUITE C
MIAMI, FL 33155
PH.: (305) 485-9300

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporate, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

EVENTS BY GABO, INC

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Said corporation shall further have powers:
To have perpetual succession by its corporate

EVENTS BY GABO, INC

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$10.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation

FILED
2018 AUG 15 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FL

CLARA GIRALDO E.A.
4080 SW 84 AVENUE SUITE C
MIAMI, FL 33155
PH.: (305) 485-9300

ARTICLE V

The street address of the initial registered office and the name of the Initial Resident Agent of this corporation shall be:

ESMERALDA LONDONO
18990 SW 152ND ST
MIAMI, FL 33187

The principal office shall be:

18990 SW 152ND ST
MIAMI, FL 33187

ARTICLE VI

The initial Board of Directors shall consist of a total of ONE (01) person, and the name and address of the person who is to serve as initial director

ESMERALDA LONDONO
18990 SW 152ND ST
MIAMI, FL 33187

PRESIDENT

The name and address of the incorporator executing these Articles of Incorporation is

ESMERALDA LONDONO
18990 SW 152ND ST
MIAMI, FL 33187

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed the Articles of Incorporation this AUGUST 15, 2018.


ESMERALDA LONDONO

FILED
2018 AUG 15 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FL

CLARA GIRALDO E.A.
4080 SW 84 AVENUE SUITE C
MIAMI, FL 33155
PH.: (305) 485-9300

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE**

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, Submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The Name of the corporation is:

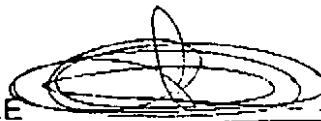
EVENTS BY GABO, INC

2. The Name and Address of the registered agent and office is:

ESMERALDA LONDONO
18990 SW 152ND ST
MIAMI, FL 33187

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE



Date: AUGUST 15, 2018

FILED
2018 AUG 15 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FL