

Division of Corporations

Page 1 of 1

**P18000073124**

**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.**

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

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800) 221-2972  
Fax Number : (888) 692-9256

**\*\*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  
GABRIEL CREATIONS INC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

**FILED**  
2018 AUG 28 AM 10:03  
SECRETARY OF STATE  
TALLAHASSEE, FL

2018 AUG 27 PM 3:10

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Help

**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: Gabriel Creations Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
16901 Collins Avenue Unit 2805  
Sunny Isles Beach, Fl 33160

Mailing address, if different is:  
16901 Collins Avenue Unit 2805  
Sunny Isles Beach, Fl 33160

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to engage in any lawful act or activity for  
which corporations may be organized.

**ARTICLE IV SHARES**

The number of shares of stock is: 200

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

Name and Title:	<u>Gabriel Shaoorian/ PRES.</u>	Name and Title:	_____
Address	<u>16901 Collins Avenue Unit 2805</u>	Address:	_____
	<u>Sunny Isles Beach, Fl 33160</u>		_____

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: Garbriel Shaoolian  
Address: 16901 Collins Avenue  
Sunny Isles Beach, Fl 33160

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Garbriel Shaoolian  
Address: 16901 Collins Avenue Unit 2805  
Sunny Isles Beach, Fl 33160

**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*

(X) [Signature]  
Required Signature/Registered Agent

August 27, 2018  
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.*

(X) [Signature]  
Required Signature/Incorporator

August 27, 2018  
Date