

Florida Department of State  
Division of Corporations  
From Filing Cover Sheet

# P1800078886

**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.**

((H18000273894 3)))



H180002738943ABC9

**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 : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**\*\*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  
GFAB ENTERPRISES, CORP**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2018 SEP 20 PM 12: 09  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

The name of the corporation shall be:

GFAB ENTERPRISES, CORP

**ARTICLE II PRINCIPAL OFFICE**Principal street address

1564 NE 191 ST

APT # 221

MIAMI, FL 33179

Mailing address, if different is:

1564 NE 191 ST

APT # 221

MIAMI, FL 33179

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: ISRAEL GUERRERO

Address: PRESIDENT

1564 NE 191 ST APT # 221

MIAMI, FL 33179

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

H18000273894

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: ISRAEL GUERRERO  
Address: 1564 NE 191 ST APT # 221  
MIAMI, FL 33179

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

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

**ARTICLE VIII EFFECTIVE DATE:** 09/19/2018

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 days prior or 90 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*

*[Signature]*  
\_\_\_\_\_  
Required Signature/Registered Agent

09/19/2018  
\_\_\_\_\_  
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.*

*[Signature]*  
\_\_\_\_\_  
Required Signature/Incorporator

09/19/2018  
\_\_\_\_\_  
Date

H18000273894