Division of Corporations
Electronic Filing 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

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 #	\ddress:							
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FLORIDA PROFIT/NON PROFIT CORPORATION CABALE PLUMBING SERVICES, CORP.

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

SB 5/24/2/ 3052201440

ARTICLE I NAME: The name of the corporation is:

Cabale Plumbing Services, Corp.		
ARTICLE II PRINCIPAL OFFICE:		
The principal street address and mailing address is: 8615 NW 8th ST, Apt 418, Miami, FL3	3126 -	
ARTICLE III SHARES: The number of shares of stock is:		
Andres Cabale Ayala (P)	SECRETARY OF STATE	21 MAY 21 PM 7: 10
The name and Florida street address (PO Box not acceptable) of the registered at ANDRES CADALE AND STREET ADDRESS (PO Box not acceptable) of the registered at SUIS NW 8 ST. ADT		8
MIGMI FL 33126 ARTICLE VI INCORPORATOR: The name and address of the Incorpor Andres Cabale Ayala 81015 NW 8 ST Apt 41	rator is:	
Miami FL 33126		

Required Signatures:

Having been nan	ned as regis	tered agent to accept com-	ice of process for the above stated
corporation at th	ie place des	ignated in this certificate.	ice of process for the above stated. I am familiar with and accept the
	~ 1	registered agent and agree	to act in this capacity
\times	Mary		T

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.

Registered Agent

Incorporator Date

21 MAY 21 PM 7: 10
SECRETARY OF USANI

Date