

P970000036003

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

800002149788--0  
-04/21/97--01167--009  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: GABLES AFFILIATION GROUP, INC.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check  
for :

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

FROM:

Miguel Nin-Remesar

Name (printed or typed)

195 S.W. 15 Road, Suite 202

Address

Miami, FL 33129

City, State & Zip

305-498-4651

Daytime Telephone number

FILED  
97 APR 21 PM 3:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

APR 22 1997  
*[Signature]*

**ARTICLES OF INCORPORATION**  
**OF**

GABLES AFFILIATION GROUP, INC.

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

**ARTICLE I NAME**

The name of the corporation shall be: GABLES AFFILIATION GROUP, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

195 S.W. 15 Road, Suite 202  
Miami, FL 33129

**ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 shares of common stock, \$1.00 par value.

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

Miguel Nin-Remesar  
195 S.W. 15 Road, Suite 202  
Miami, FL 33129

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**ARTICLE V INCORPORATOR(S)**

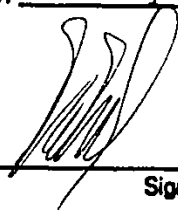
- The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Miguel Nin-Remesar, President  
195 S.W. 15 Road, Suite 202  
Miami, FL 33129

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

15 day of January, 19 97.

x



Signature President

Signature

Signature

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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: GABLES AFFILIATION GROUP, INC.

2. The name and address of the registered agent and office is:

Miguel Nin-Remesar  
(Name)  
195 S.W. 15 Road, Suite 202  
(P.O. Box not acceptable)  
Miami, FL 33129  
(City/State/Zip)

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*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)

REGISTERED AGENT

January 15, 1997