P980000000897

GABLES FINANCIAL SERVICES, INC. (Proposed corporate name - must include suffix)

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

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\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	86	
		ADDITIONAL CO	PY REQUIRED	. MAL	
FROM:	CARLOS LOSADA Name (Printed or typed)			-2 AM 10:	Canada Constitution of the
_	2355 SALZE	00 ST., SUITE	30/ PATE	52	
	CORAL GABLES City,	5 , FL , 33/3 State & Zip	34		
_		446-6530 elephone number			

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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I	NAME
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The name of the corporation shall be:

GABLES FINANCIAL SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

2355 SALZEDO ST., SUITE 301 CORALGABLES, FL. 33/34

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

CARLOS LOSADA 2355 SALZEDO ST., SUITE 30/ CORAL GABLES, FL. 33/34

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

CARLOS LOSADA (PRESIDENT/PRINCIPLE BROKER) 2355 SALZEDOST., SUITE 30/ CORAL GABLES, FL. 33/34

Signature/Incorporator

12/28/97

Date

(An additional article must be added if an effective date is requested.)

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

Date