P98000052472

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

100002574541---4 -06/29/98--01046--016 ****122.50 ****122.50

SUBJECT:	Gibralter Int. (Proposed corpora	ernational ate name - must include suffi	Inc-	-
Enclosed is an original \$70.00 Filing Fee	and one(1) copy of the articles \$78.75 Filing Fee & Certificate	s of incorporation and a cl \$122.50 Filing Fee & Certified Copy	neck for: \$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL COI	PY REQUIRED	
FROM:	Sam Smo	lkin	<u></u>	
	Name (Printed or typed) 939 Washington Street Address			
	Hollywood.	FL. 3301	SEGRETA MARIAN M	98 JUN
	City, State & Zip 954-929-7161			FILED JUN 29 AM 9
	Daytime Telephone number			ميد

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

me 7/1/98

FILED

ARTICLES OF INCORPORATION

98 JUN 29 AM 9:35

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

ARTICLE I NAME

The name of the corporation shall be:

Gibralter International Inc-

ARTICLE II	PRINC	PAL OFFIC	E =:		
The principal pla	ce of busine	ss and mailing	address of the	is corporation	n shall be:
1975	itiving	Road	Suite	# 102	
Dania	FL,	33004			

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Sam Smolkin

939 Washinston

FL. 33019

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Sam Smolkin
939 Washington Street
Hollywood, FL. 33019

Signature (Incorporator Date)

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

Doto