

TRANSMITTAL LETTER

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

SUBJECT: Gables Advisors, Inc.  
(Proposed Corporate Name)

Enclosed is and original and one (1) copy of the articles of incorporation and a check for \$ 78.75

\_\_\_\_\_ \$70.00 Filing Fee

XX \$78.75 Filing Fee & Certificate

\_\_\_\_\_ \$122.50 Filing Fee & Certified Copy\*

\_\_\_\_\_ \$131.25 Filing Fee, Certified Copy & Certificate\*


000002961000--3  
-08/16/99--01109--009  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

\* Additional Copy of Articles of Incorporation is required

FROM: Martin Mendiola  
Name  
3282 Riviera Dr.  
Address  
Coral Gables, FL 33134  
City, State & Zip  
305-445-2525  
Daytime Telephone Number

FILED  
99 AUG 16 PM 12:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

8/20/99  


## 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

The name of the corporation shall be:

**Gables Advisors, Inc.**

### ARTICLE II      PRINCIPAL OFFICE

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

**3282 Riviera Dr.  
Coral Gables, FL. 33134**

### ARTICLE III      SHARES

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

**One hundred thousand (100,000) shares**

### ARTICLE IV      INITIAL REGISTERED AGENT AND STREET ADDRESS


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

**Martin Mendiola  
3282 Riviera Dr.  
Coral Gables, FL. 33134**

### ARTICLE VI      INCORPORATOR

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

**Martin Mendiola  
3282 Riviera Dr.  
Coral Gables, FL. 33134**

  
\_\_\_\_\_  
Signature / Incorporator

8-11-99  
\_\_\_\_\_  
Date

*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

8-11-99  
\_\_\_\_\_  
Date

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TALLAHASSEE, FLORIDA