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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
ARLEKIN GALLEY, INC

Certificate of Status	0
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Page Count	03
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16 Dec 2011



December 15, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAZARUS

SUBJECT: ARLEKIN GALLEY, INC
REF: W11000062495

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name of the corporation is not consistent in your document. Please add the suffix to the name on the last page.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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Pamela Smith
Regulatory Specialist II

FAX Aud. #: H11000293146
Letter Number: 511A00027960

H11000293146

ARTICLES OF INCORPORATION

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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE I NAME

The name of the corporation shall be: ARLEKIN GALLERY, INC

ARTICLE II PRINCIPAL OFFICE

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

8487 N.W 191 Street
Miami, Fl 33015

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 \$1.00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MARIA L MARULANDA
8487 N.W 191 Street
Miami, Fl 33015

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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):

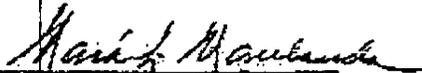
MARIA L MARULANDA
8487 N.W 191 Street
Miami, FL 33015

ARTICLE VI. DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Article of Incorporation is (are):

MARIA L MARULANDA
8487 N.W 191 Street
Miami, FL 33015

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


~~MARIA L. MARULANDA~~

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1. The name of the corporation is: **ARLEKIN GALLERY, INC**

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

MARIA L. MARULANDA

(NAME)

8487 N.W 191 Street

(P.O. BOX NOT ACCEPTABLE)

MIAMI, FL 33015

(CITY/STATE/ZIP)

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.

Maria L. Marulanda
MARIA L. MARULANDA

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