## P13000019174

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City, Citato Lipe, None ii)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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## **COVER LETTER**

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

SUBJECT: GALIANO INTERNATIONAL CORPORATION
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

\$70.00 \$78.75 \$87.50 \$87.50 \$Filing Fee & Certificate of Status

\*\*Certificate of Status\*\*

\*\*ADDITIONAL COPY REQUIRED\*\*

FROM:	M: ARTURO BENITES-MENDOZA					
	Name (Printed or typed)					
	805 N. POWERLINE RD.					
	Address					
	POMPANO BEACH, FL 33069					
	City, State & Zip					
	561-929-7897					
	Daytime Telephone number					
	INFO@FLORES-PA.US					
	E-mail address: (to be used for future annual report notification)					

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporati		IATIONAL	CORPORATION
	VCIPAL OFFICE Principal <u>street</u> address RLINE ROAD	!	Mailing address, if different is:
POMPANO BE	EACH, FL 33069		
REPRESENT	POSE The corporation is organized is:  PORT, DISTRIBUTION, CONTRIBUTION, CONTRIBUTION, CONTRIBUTION,	DMMERCI FABRICA	ALIZATION, TION, EXPLORATION,
EXPLOTATIO	N, EXTRACTION, CONSI	ESSION O	F BUSINESS.
ARTICLE IV SHA The number of shares of s	RES stock is: 1,000 SHARES		13 FEB 26 PH 4: 40 SECRILAHASSEE, FLORIDA
	MIGUEL GALIANO-MARQUINA, P (80%) 805 N. POWERLINE ROAD POMPANO BEACH, FL 33069	S Name and Title Address:	JOSE GALIANO-ALIAGA, VP (10%) 805 N. POWERLINE ROAD POMPANO BEACH, FL 33069
Name and Title:	ARTURO BENITES-MENDOZA, S (10%) 805 N. POWERLINE ROAD POMPANO BEACH, FL 33069	Name and Title Address:	
Name and Title:			·

Name and Title:		Name and Title:	
Address		Address:	<del></del>
			<del></del>
ARTICLE VI The name and Flo	REGISTERED AGENT  orida street address (P.O. Box NOT acceptable) of	f the registered agent is:	
Name:	ARTURO BENITES-MENDOZA	Pin -	
Address:	805 N. POWERLINE RD.	S FE	
	POMPANO BEACH, FL 33069	B 26	Commence
ARTICLE VII	INCORPORATOR	PH 4: 40 EE, FLORIO	irporani.
The name and address of the Incorporator is:		TATE ORID	THE SHAPE
Name:	ARTURO BENITES-MENDOZA	<b>&gt;</b>	
Address:	805 N. POWERLINE RD.	_	
	POMPANO BEACH, FL 33069	) _	
this certificate, I a	ım familiar with and accept the appointment as reg		
Required Signature/Registered Agent		02/22/2013	<del></del>
	Required Signature/Registered Agent	Date	
I submit this document to the I	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false information subm y as provided for in s.817.155, F.S.	itted in a
7	1 Benites	02/22/201	3
	Required Signature/Incorporator	Date	