

FROM : GALL...
TO : ...
SUBJECT : ...
DATE : ...
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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0381

From:
Account Name : GALLOWAY OFFICE
Account Number : 120030000131
Phone : (786)390-7072
Fax Number : (305)265-1592

FLORIDA PROFIT CORPORATION OR P.A.

Abstract City Gal. Inc.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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TALLAHASSEE, FLORIDA

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TH 6/3/04

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Abstract City Gal. Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

12193 SW 10 St. #4 Miami, Fl. 33184.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Create Art/ Sales.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Gretell Perez
12193 SW 10 St #4.
Miami, Fl. 33184.

PRESIDENT

ARTICLE VI REGISTERED AGENTThe name and Florida street address of the registered agent is:Gretell Perez
12193 SW 10 St #4.
Miami, Fl. 33184.**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Gretell Perez
12193 SW 10 St #4.
Miami, Fl. 33184.

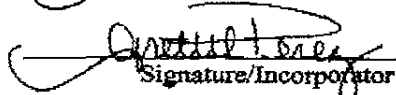
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

6-2-04

Date



Signature/Incorporator

6-2-04

Date

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