

F08000000569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

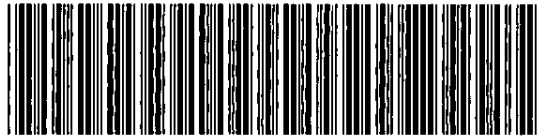
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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01/28/08--01019--004 \*\*70.00

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AND  
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08 FEB -7 PM 3:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. McKnight FEB 07 2008

W08-4578

John V. Childers, Jr.  
Attorney



D. Bryce Finley\*  
Attorney  
\*also licensed in Nevada

January 25, 2008

Florida Secretary of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Gala Enterprises, Inc.  
Our File: PPG 0176-01

Dear Sir or Madam:

Enclosed please find the following with regard to the above matter:

- Application by Foreign Corporation;
- Cover Letter to Registration Section;
- Our check in the amount of \$70.00;
- Our self-addressed, stamped envelope.

Would you be so kind as to file the above and return it to me in the enclosed self addressed, stamped envelope.

Thank you for your assistance in this matter. If you should have any questions, please do not hesitate to contact me.

Sincerely,

  
D. Bryce Finley, Esq.

DBF:ce  
Encls.

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** GALA ENTERPRISES, INC.

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

CHERIE ELSON

(Name of Person)

CHILDERS FINLEY, P.A.

(Firm/Company)

1015 West 2nd Street, Suite 207

(Address)

Little Rock AR 72201

(City/State and Zip code)

For further information concerning this matter, please call:

CHERIE ELSON at ( 501 ) 372-6592

(Name of Person)

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 28, 2008

CHERIE ELSON  
1015 WEST 2ND STREET SUITE 207  
LITTLE ROCK, AR 72201

SUBJECT: GALA ENTERPRISES, INC.  
Ref. Number: W08000004578

We have received your document for GALA ENTERPRISES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight  
Regulatory Specialist II  
New Filing Section

Letter Number: 508A00005758

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. **GALA ENTERPRISES, INC.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **ARKANSAS**

(State or country under the law of which it is incorporated)

3. **26-1735934**

(FEI number, if applicable)

4. **January 25, 2008**

(Date of incorporation)

5. **Perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **5033 NW 59TH WAY**

(Principal office address)

**CORAL SPRINGS, FLORIDA 33067**

(Current mailing address)

8. **ANY LAWFUL PURPOSE**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

**NATIONAL REGISTERED AGENTS, INC.**

Office Address:

**5033 NW 59TH WAY**

**CORAL SPRINGS, FLORIDA 33067**

(City)

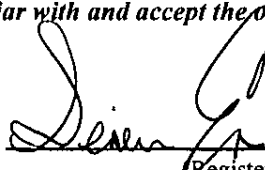
(Zip code)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

10. **Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature) **Devin G. Smith General Manager of National Registered Agents, Inc.**

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: LAWRENCE G. HARTMAN JR

Address: 5033 NW 59TH WAY  
CORAL SPRINGS, FLORIDA 33067

Vice Chairman: MARIA A. HARTMAN

Address: 5033 NW 59TH WAY  
CORAL SPRINGS, FLORIDA 33067

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: LAWRENCE G. HARTMAN JR.

Address: 5033 NW 59TH WAY  
CORAL SPRINGS, FLORIDA 33067

Vice President: MARIA A. HARTMAN

Address: 5033 NW 59TH WAY  
CORAL SPRINGS, FLORIDA 33067

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_

(Signature of Director or Officer listed in number 12 of the application)

14. \_\_\_\_\_

(Typed or printed name and capacity of person signing application)

APPROVED  
AND  
FILED  
08 FEB - 7 PM 3:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**Arkansas Secretary of State  
Charlie Daniels**

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-3409

**Certificate of Good Standing**

I, Charlie Daniels, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

**GALA ENTERPRISES, INC.**

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed Articles of Incorporation in this office January 3, 2008.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 1st day of February 2008.



Charlie Daniels  
Secretary of State

Online Certificate Authorization Code: bab85dcba19b13c

To verify the Authorization Code, visit [sos.arkansas.gov](http://sos.arkansas.gov)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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