

TRANSMITTAL LETTER

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

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-06/14/00--01034--015
*****87.50 *****87.50

SUBJECT: Gina M. Gallo, P.A.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Gina M. Gallo
Name (Printed or typed)

4501 N. Wickham Rd., #104
Address

Melbourne, FL 32935
City, State & Zip

321-242-8200
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2000 JUN 14 AM 9:25

FILED

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

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FILED
2000 JUN 14 AM 9 25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
GINA M. GALLO, P.A.

ARTICLE I

The name of this corporation is: Gina M. Gallo, P.A.

ARTICLE II

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

4501 N. Wickham Rd., #104
Melbourne, FL 32935

ARTICLE III

The purpose of this Corporation is to engage in the business of providing financial planning services as a CFP and any activities of business permitted under the laws of the State of Florida.

ARTICLE IV

The maximum number of shares which this Corporation is authorized to have outstanding at any time is 1,000 shares of common stock having a par value of \$1.00 per share.

ARTICLE V

The name and address of the initial registered agent is:

<u>NAME</u>	<u>ADDRESS</u>
Gina M. Gallo	3900 Postridge Trail Melbourne, FL 32934

ARTICLE VI

The name and address of the incorporator to these Articles of Incorporation is:

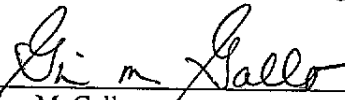
<u>NAME</u>	<u>ADDRESS</u>
Gina M. Gallo	3900 Postridge Trail Melbourne, FL 32934

FILED

2000 JUN 14 PM 9 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.


Gina M. Gallo
Registered Agent

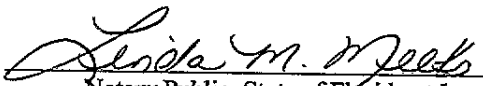
STATE OF FLORIDA
COUNTY OF BREVARD

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgements, personally appeared, **Gina M. Gallo**, who is personally known to me or who produced _____ as identification to me and who executed the foregoing Articles of Incorporation.

WITNESS my hand and official seal in the County and State aforesaid this 11th day of June, 2000.



Linda M Meeks
My Commission CC616519
Expires January 27, 2001


Notary Public, State of Florida at Large