

P01000109058

TRANSMITTAL LETTER

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

SUBJECT:

GALT, INC.

(Proposed corporate name - must include suffix)

EIN # 65-1147002

300004676503--5
-11/13/01--01052--018
*****87.50 *****87.50

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: NIKITRESS M. DOCTOR
Name (Printed or typed)

1140 ARIZONA AVENUE
Address

FT. LAUDERDALE, FLORIDA 33312
City, State & Zip

954-583-4132
Daytime Telephone number

FILED
2001 NOV 13 AM 9:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

15
11/14/01

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

FILED

2001 NOV 13 AM 9:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

GALT, INC.

ARTICLE II PRINCIPAL OFFICE

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

1140 ARIZONA AVENUE
FT. LAUDERDALE, FLORIDA 33312

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

NIKITRESS M. DOCTOR
1140 ARIZONA AVENUE
FT. LAUDERDALE, FLORIDA 33312

ARTICLE V INCORPORATOR

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

NIKITRESS M. DOCTOR
1140 ARIZONA AVENUE
FT. LAUDERDALE, FLORIDA 33312

Nikitress M. Doctor

Signature/Incorporator

11/6/01

Date

(An additional article must be added if an effective date is requested.)

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

Nikitress M. Doctor

Signature/Registered Agent

11/6/01

Date