## P03000089a14

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:						
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)					
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status						
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)					
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status						
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)					
PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status						
PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(City/State/7in/Phone #)					
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Otyroddorelpri Hollow)					
(Document Number)  Certified Copies Certificates of Status	PICK-UP WAIT MAIL					
(Document Number)  Certified Copies Certificates of Status						
Certified Copies Certificates of Status	(Business Entity Name)					
Certified Copies Certificates of Status						
Certified Copies Certificates of Status	(Document Number)					
	<b>(</b>					
	Contisted Control					
Special Instructions to Filing Officer:	Certified CopiesCertificates of Status					
Special Instructions to Filing Officer:						
	Special Instructions to Filing Officer:					
Ì						

Office Use Only



900022072089

18713703--01020--005 \*\*A7,50

O3 AUG 12 PM 1:48

X 2/14/03

## TRANSMITTAL LETTER

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

SUBJECT:	Barro Galler			
	(PROPOSED CORPORA	te name – <u>must incl</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	i a check for:	
	_			
\$70.00	□ \$78.75	\$78.75	<b>ጃ</b> \$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy		
			& Certificate of	
			Status	
	•	ADDITIONAL COPY REQUIRED		
FROM:	Vincent Se	etta		
Name (Printed or typed)  22920 Iron Wedge Drive				
	Address			
	Boca Raton Fl 33433			
	City, State & Zip			
	(954) 610-4209			
	Daytime Telephone number			

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) ARTICLE I The name of the corporation shall be: Ravin Gallery, Inc. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 410 E. Sample Pompano Beach 33064 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Business New ARTICLE IV SHARES The number of shares of stock is: 10,000 ARTICLE\_V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): John J. Moncada Vincent Scc Ha 2741 Tast Street #401 22920 Ironwedge 0 rive Hollywood F1 33020 Boca Raton 33433 President Vice - President REGISTERED AGENT The name and Florida street address of the registered agent is: Vincent Sce Ita 22920 Iron wedge br Boca Raton FI 33433 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: SeeHa Vincent 22920 Ironwedge Dr. : Boca Ration FI 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/Incorporator