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04 MAY -6 PM 2:33

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TRANSMITTAL LETTER

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

SUBJECT: INESGAL INC

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: DAVID GAL

Name (Printed or typed)

2357 STIRLING ROAD

Address

DANIA FL 33312

City, State & Zip

954-965-4311

Daytime Telephone number

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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 NAME

The name of the corporation shall be:
INESGAL INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:
2357 STIRLING ROAD
DANIA FL 33312

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
THE CORPORATION IS ORGANIZED FOR THE PURPOSE OF ENGAGING IN ANY ACTIVITIES OR
BUSINESS
PERMITTED UNDER THE LAWS OF THE UNITED STATES AND THE STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is:
100000 EACH AT \$.10 VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
DAVID GAL
2357 STIRLING ROAD
DANIA FL 33312
PRESIDENT

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

DAVID D GAL
2357 STIRLING RD
DANIA FL 33312


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DAVID GAL
2357 STIRLING ROAD
DANIA FL 33312

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


Signature/Incorporator

05/17/2004
Date

05/01/04
Date

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