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(Re	equestor's Name)			
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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SECRETARY OF STATE

FILED

THOMPSON AUC 9 9 2005

TRANSMITTAL LETTER

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

SUBJECT: Arleen	Galindo P.A. (PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: Arl	een Galindo		
	Name	e (Printed or typed)	
	11350 N.W. 31 Place	Address	
		Addiess	
;	Sunrise, FL 33323 City	, State & Zip	
	954-829-0766 Daytime	Telephone number	

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

RECEIVED

05 AUG 22 AM 9:00

1944 - 1945 - 1946 - 19

August 16, 2005

ARLEEN GALINDO 11350 NW 31 PLACE SUNRISE, FL 33323

SUBJECT: ARLEEN GALINDO P.A.

Ref. Number: W05000038559

We have received your document for ARLEEN GALINDO P.A. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

Please return the 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) 245-6855.

Tammy Hampton Document Specialist New Filings Section

Letter Number: 505A00052169

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

ARTICLE I NAME

The name of the corporation shall be:

Arleen Galindo P.A.

2005 AUG 22 PM 4: 42

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 11350 N.W. 31 Place, Sunrise, FL 33323

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: Provide Administrative and Real Estate Services as a Real Estate Sales Person

ARTICLE IV SHARES

The number of shares of stock is:

none 100 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Arleen Galindo

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Arleen Galindo - 11350 N.W. 31 Place, Sunrise, FL 33323

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Arleen Galindo - 11350 N.W. 31 Place, Sunrise, FL 33323

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