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2001 APR -2 A 8: 36
SECRETARY OF STATE
ANASSEF, FLORIDA



## **COVER LETTER**

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

SUBJECT: JA	mes Gallagher (PROPOSED CORPOR	INC.			
	(PROPOSED CORPOR	ATÉ NAMÉ – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the a	ticles of incorporation and	l a check for:		
\$70.00	\$78.75	\$78.75	\$87.50		
Filing Fee	Filing Fee	Filing Fee	Filing Fee,		
1 mmg 1 00	& Certificate of Status	& Certified Copy	Certified Copy		
		1	& Certificate of		
			Status		
.: •		ADDITIONAL COPY REQUIRED			
·					
FROM:	JAMES GALLAGI	IER			
I KOWI.	Nan	ne (Printed or typed)			
	1041 SW 112 ave		· · · · · · · · · · · · · · · · · · ·		
	,	Address			
	Pembroke Pines	FL 33025			
		ry, State & Zip			
	• ;	A Comment of the Comm			
	954 478 73	33			
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)	
ADMICE DE L'ALED		
The name of the corporation shall be:		
•		in the same
James Gallagher, Inc	•	FIL 2007 APR SECRETA
		ARC PR
ARTICLE II PRINCIPAL OFFICE		AR)
The principal place of business/mailing address is:		EFOR D
Pembroke Pines, FL 33025		FLOST &
·		ORT 3
ARTICLE III PURPOSE		5
The purpose for which the corporation is organized	IS:	
Broadcast Consulting		
_		
ARTICLE IV SHARES		
The number of shares of stock is:		
1 Share		
ARTICLE V INITIAL OFFICERS AND/O	R DIRECTORS	
List name(s), address(es) and specific title(s):		
James Gallagher 1041 sw112 ave pem	broke Pine A 3302 E	Donoidon
om so the first part for		LLE BLOOM
	· ••	
		ি শংক প্রা
ARTICLE VI REGISTERED AGENT		
The name and Florida street address (P.O. Box NO	T acceptable) of the registered agen	t is:
James Gallagher		
1041 Sw112 avenue		
fembroke fines Fe 33025	•	
ARTICLE VII INCORPORATOR		
The <u>name and address</u> of the Incorporator is:		
James Gallagher		
1041 SW 112 dre		
lembroke fines		
**************	*********	******
Having been named as registered agent to accept service of po- certificate, I am familiar with and accept the appointment as re		
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		•
Uan ML _	الم والم	n7

Signature/Registered Agent

Signature/Incorporator