

PO9 000038265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

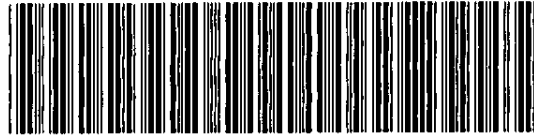
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700153096627

04/29/09--01004--012 \*\*78.75

RECEIVED  
09 APR 29 AM 11:34  
DEPT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
2009 APR 29 PM 12:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 29 2009  
J. SHAW

Charter Number Only

4/28/09

PBR

Requester's Name

Address

City

State

ZIP

Phone

VALIDATION ONLY

2009 APR 29 PM 12:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

CORPORATION(S) NAME

ANTHONY A. GALARZA, P.A.

<input checked="" type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> NonProfit	<input type="checkbox"/> Foreign	<input type="checkbox"/> Mark
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Dissolution	<input type="checkbox"/> Other
<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Change of Registered Agent
<input type="checkbox"/> Reservation	<input type="checkbox"/> Photo Copies	<input type="checkbox"/> Certificate Under Seal
<input checked="" type="checkbox"/> Certified Copy	<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Will Wait	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input checked="" type="checkbox"/> Pick Up	<input type="checkbox"/> Mail Out

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

**ARTICLES OF INCORPORATION**  
**OF**

**ANTHONY A. GALARZA, P.A.**

The undersigned hereby forms a Corporation under the following charter of Articles of incorporation:

**ARTICLE I**

The name of this Corporation shall be:

**ANTHONY A. GALARZA, P.A.**

**ARTICLE II**

The principal place of business/**mailing address** is:

12301 LAKE UNDERHILL ROAD, SUITE 111  
ORLANDO, FL 32828

**ARTICLE III**

The specific nature of business to be transacted by the professional association is to engage in the business of receiving sales commission on the sale of real property for profit.

**ARTICLE IV**

This corporation is authorized to issue one hundred shares of one-dollar (1.00) par common stock.

**ARTICLE V**

This Corporation shall have one (1) director initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial directors of this Corporation are:

ANTHONY A. GALARZA  
12301 LAKE UNDERHILL ROAD, SUITE 111  
ORLANDO, FL 32828

FILED  
2009 APR 29 PM 12:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI**

The name and address of the initial registered agent of this corporation is:

ANTHONY A. GALARZA  
12301 LAKE UNDERHILL ROAD, SUITE 111  
ORLANDO, FL 32828

**ARTICLE VII**

The name and address of the incorporator of this corporation is:

ANTHONY A. GALARZA  
12301 LAKE UNDERHILL ROAD, SUITE 111  
ORLANDO, FL 32828

**ARTICLE VIII**

SIGNATURE



ANTHONY A. GALARZA, Incorporator

TITLE: President

DATE: 4-21-09

**CERTIFICATE OF DESIGNATION**

**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned Corporation, organized under the laws of the state of Florida, submits in the state of Florida.

1. The name of the Corporation is:

**ANTHONY A. GALARZA, P.A.**

The name and address of the registered agent and office is:

**ANTHONY A. GALARZA  
12301 LAKE UNDERHILL ROAD, SUITE 111  
ORLANDO, FL 32828**

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.

SIGNATURE: \_\_\_\_\_

**ANTHONY A. GALARZA, Registered Agent**

DATE: \_\_\_\_\_

4-21-09

**FILED**  
**2009 APR 29 PM 12:56**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**