P09000055418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W09000027622

COVER LETTER

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

SUBJECT: GALERIE FRANCOIS
(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: PAMELA FRANÇOIS
Name (Printed or typed)

11471 SW Hillcrest Cir
Address

Port St. Lucie, FL 34987
City, State & Zip

954-914-5593
Daytime Telephone number

pamela@galeriefrancois.com
E-mail address: (to be used for future annual report notification)

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2009 JUN 25 P 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 12, 2009

PAMELA FRANCOIS
11471 SW HILLCREST CIR
PORT ST LUCIE, FL 34987

SUBJECT: GALERIE FRANCOIS
Ref. Number: W09000027622

We have received your document for GALERIE FRANCOIS and your check(s) totaling $70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the corrected 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) 245-6052.

Paisley A Alford
Clerk
New Filing Section

Letter Number: 909A00019930

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:

Galene Francois, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal **street** address and mailing address, if different is:

11471 SW Hillcrest Circle
Port St Lucie, FL 34987

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For Profit, Perpetual

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Pamela S. Francois

ARTICLE VI REGISTERED AGENT

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

Pamela S. Francois
11471 Hillcrest Circle Port St Lucie, FL 34987

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Pamela S. Francois
11471 Hillcrest Circle Port St Lucie FL 34987

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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 — Date: June 6, 2009

Signature/Incorporator — Date: June 6, 2009

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TALLAHASSEE, FLORIDA