

P09000055418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

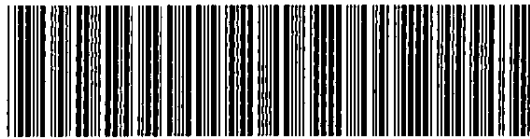
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/10/09--01040--004 **70.00

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2009 JUN 25 P 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009000027622

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

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1. The first step is to identify the problem or question that needs to be addressed. This involves understanding the context and the specific requirements of the task.

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*

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

Pamela S. Francois

Signature/Registered Agent

Pamela S. Francois

Signature/Incorporator

June 6, 2009

Date

June 6, 2009

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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