

P09000096871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

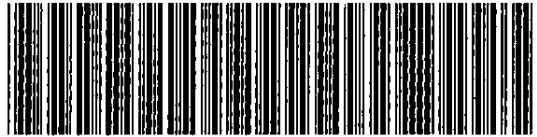
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: DAVID GALINDO INC.  
(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: DAVID GALINDO  
Name (Printed or typed)

2245 ~~SW~~ 66 AVE  
Address

BOCA RATON FL. 33428  
City, State & Zip

954-415-8446  
Daytime Telephone number

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

**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)

**ARTICLE I NAME**

The name of the corporation shall be: **DAVID GALINDO INC.**

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is: **22458 SW 66 AVE  
BOCA RATON FL 33428**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: **TO DO BUSINESS  
IN GOOD FAITH IN THE AIRCONDITION FIELD**

**ARTICLE IV SHARES**

The number of shares of stock is: **10**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s): **NONE**

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: **DAVID GALINDO  
22458 SW 66 AVE BOCA RATON FL 33428**

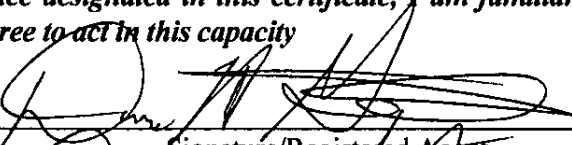
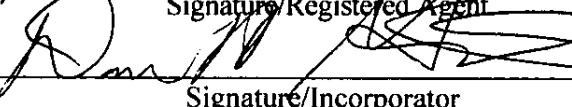
**ARTICLE VII INCORPORATOR** **DAVID GALINDO**

The name and address of the Incorporator is: **22458 SW 66 AVE BOCA RATON FL 33428**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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  
  
\_\_\_\_\_  
Signature/Incorporator

**11/23/09**  
\_\_\_\_\_  
Date  
**11/23/09**  
\_\_\_\_\_  
Date