

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : EMPIRE CORFORATE KIT COMPANY

Account Number: 072450003255

; (305)634-3694

Fax Number

: (305)633-9696

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

mail Address:				
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#### FLORIDA PROFIT/NON PROFIT CORPORATION

consignments to go, inc

Certificate of Status	0
Certified Copy	11
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April 27, 2010

#### FLORIDA DEPARTMENT OF STATE

\*\*\*EMPIRE CORPORATE KIT COMPANY\*\*\*

Division of Corporations

SUBJECT: CONSIGNMENTS TO GO, INC

REF: W10000020367

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Plorida" to the end of a name is not acceptable.

The document number of the name conflict is L09000051389 - CONSIGNMENT TO GO, LLC.

If you have any further questions concerning your document, please call (850) 245-6062.

Eula Peterson Regulatory Specialist II New Filing Section FAX Aud. #: H10000097506 Letter Number: 410A00010328

P.O BOX 6327 - Tallahassee, Florida 32314

H10000097506

### **COVER LETTER**

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassea, FL 32314

SUBJECT: CONSIGNMENTS Galeria, INC.  (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)							
	(PROPOSED CORPOR	TENAME-MUSTINGU	UDE SUTERS				
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	a check for:				
S70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED				
FROM: DONACO LEVINO Name (Printed or typed)							
	1201 4.5.	Hwy # #	25				
	NORTH PARM S	EHER, PE 334	05_				
NORTH PALM SENER, F6 33403  City, State & Zip  5G1- 624-8990  Daytime Telephone number  Distribution Again Com  E-mail address: (to be used for future annual report notification)							

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

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# 410000097506

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be:

CONSIGNMENTS Galeria, INC

#### ARTICLE II PRINCIPAL OFFICE

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

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

5 Mes D CONSIGNMENT

#### ARTICLE IV SHARES

The number of shares of stock is:

300

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

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

#### REGISTERED AGENT

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

LUCIANA A 9268 SANDY RUN RD ALBITEL, FL 33478

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LUCIANA M TOOCH 9268 SANDY RUA RD JUDITER, PG 33478

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 arree to act in this canacity

at mounts	4/23/12
Signature/Registered Agent	Date
_ vamue	4/23/10
Signature/Incorporator	Date

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