

**P11000059786**

**Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.  
Account Number : I20000000257  
Phone : (850) 224-8870  
Fax Number : (850) 222-1222

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

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
PETER DAMIAN'S GALLERY, INC.**

Certificate of Status	0
Certified Copy	1
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Corporate Filing Menu

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**COVER LETTER**

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

**SUBJECT: PETER DAMIAN'S GALLERY, 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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Mayra E Sanchez

Name (Printed or typed)

13611 SW 110 Terrace

Address

Miami, Florida 33186

City, State & Zip

305-3884655

Daytime Telephone number

mayrasanchez123@yahoo.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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME** PETER DAMIAN'S GALLERY, INC.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
13611 SW 110 TERRACE  
MIAMI, FLORIDA 33186

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
BEAUTY SALON AND ART GALLERY

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: PETER DAMIAN SANCHEZ PRESIDENT  
Address: 13611 SW 110 TERRACE  
MIAMI, FLORIDA 33186

Name and Title: JONATHAN DAMIAN SANCHEZ SECRETARY/TREASURER  
Address: 13611 SW 110 TERRACE  
MIAMI, FLORIDA 33186

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: MAYRA SANCHEZ  
Address: 13611 SW 110 TERRACE  
MIAMI, FLORIDA 33186

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: \_\_\_\_\_  
Address: PETER DAMIAN SANCHEZ  
13611 SW 110 TERRACE Miami FL 33186

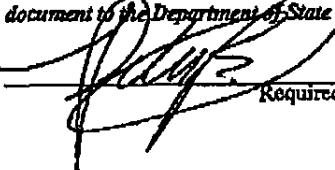
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

  
Required Signature/Registered Agent

06/25/2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
Required Signature/Incorporator

06/25/2011

Date

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