## P11000/08877

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		





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TALL THANSER PLANTIONS

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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

PS 12/29/4

## **COVER LETTER**

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

SUBJECT: Gallop Franklin II (PROPOSED CORPORA	D. B. A. The Gallo TE NAME - MUST INCLUDE SUFFIX			
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:				
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75  Filing Fee & Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED			
FROM: Gallop Franklin III.  Name (Printed or typed)				
1101 MissionWoo	Address			
Jallalassee, Flori	da 32304 State & Zip			
850-445-2 Daytime T	943 elephone number			
Galop, Franklini (amai). Com E-mail address: (to be used for brute annual report hotification)				

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)

The name of the corporation shall be: Gallop Inc.			
Principal office  Principal street address  10 MISSIM MODULY  TO JULY STREET	Mailing address, if different is:		
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	cal consulting		
The purpose for which the corporation is organized is: General	al consulting		
The number of shares of stock is:	<b>5</b> 500		
Name and Title: GOLOOP, FYANKING THE Address: President/Co Eo Or TANK TO TANK	Name and Title:  Address:		
Name and Title:Address:	Name and Title:Address:		
Name and Title:Address:	Address:		
ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of Name:  Address:    O   N   P   Frankling   F			
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name:  Address:  101 Missian Lugs Cy  Taly FL 32.344	İ -		
Having been named as registered agent to accept service of process this certificate, I am familiar with and accept the appointment as registered Signature/Registered Agent	istered agent and agree to act in this capacity		
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	12/24/// Date		