

P12000007917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

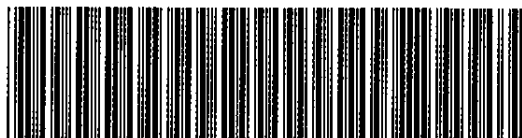
(Business Entity Name)

(Document Number)

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

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12 JAN 23 PM 12:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
1/24/12

## COVER LETTER

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

SUBJECT: **Gallo's Restorations 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: **Michael Sullivan**

Name (Printed or typed)

**931 Village Boulevard, Suite 90581**

Address

**West Palm Beach, FL 33409-1939**

City, State & Zip

**(561) 972-8240**

Daytime Telephone number

**vinniegallo1@gmail.com**

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:

**Gallo's Restorations Inc.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

931 Village Boulevard, Suite 90581

West Palm Beach, FL 33409-1939

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**Any and all lawful purposes.**

**ARTICLE IV SHARES**

The number of shares of stock is:

**100**

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

Name and Title: **Michael Sullivan, President**

Address: **931 Village Boulevard Suite 90581**

**West Palm Beach, FL 33409**

Name and Title:

Address:

Name and Title: **Vincent Gallo, CEO**

Address: **931 Village Boulevard Suite 90581**

**West Palm Beach, FL 33409**

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

**ARTICLE VI REGISTERED AGENT**

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

Name: **Michael Sullivan**

Address: **931 Village Boulevard Suite 90581**

**West Palm Beach, FL 33409**

**ARTICLE VII INCORPORATOR**

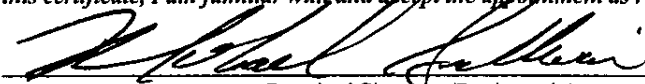
The name and address of the Incorporator is:

Name: **Vincent Gallo**

Address: **931 Village Boulevard Suite 90581**

**West Palm Beach, FL 33409**

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

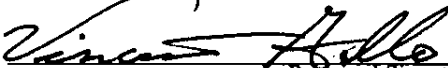


Required Signature/Registered Agent

**01/18/2012**

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

**01-18-2012**

Date

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12 JAN 23 PM 12:08  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE