

P12000007917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

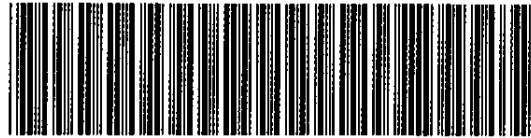
(Business Entity Name)

(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$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

[Signature]
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.

[Signature]
Required Signature/Incorporator

01-18-2012
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA