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(R	equestor's Name)			
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(C	ity/State/Zip/Phone	e #)		
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COVER LETTER

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

SUBJECT: Galba 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					
FROM: Roberto Galoppi Name (Printed or typed)					
6984 NW 5th Court Address Margate, Florida 33068 Margate State & Zin					
City, State & Zip 954 695 1558 Daytime Telephone number					
robertogaloppi@bellsouth.net 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 The name of the o	NAME Galba Inc.			
ARTICLE II	PRINCIPAL OFFICE			
	Principal street address	Ma	ailing address, if different is:	
	6984 NW 5th Court	1416	and cos, it different is.	
	Margate Fl. 33063		· · · · · · · · · · · · · · · · · · ·	
	IVIAI GALE FIL SOUGS			
ARTICLE III				
	which the corporation is organized is:			
All activities	allowed under the law			
ARTICLE IV The number of sh	SHARES ares of stock is:1000			
ADMOTE II		6		
	INITIAL OFFICERS AND/OR DIRECTOR Title: Andrea R. Ciba-Galoppi President			
Address:	6984 NW 5th Court			
Addiess.	Margate FL 33063			
	Maryate , FI_ 33003	-		
Name and	litle:Roberto Galoppi Secretary-Treasurer	Name and Title:		
Address:	6984 NW 5th Court	Address:		
	Margate, Fl. 33963			
Name and 1	Fitle:	Name and Title		
Address:				
7144,000.			,	
				
A DOMEST IS TO		<u> </u>		
ARTICLE VI	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	the registered agent i	···	
Name:	Roberto Galoppi	the registered agent i	ALSE 28	
Address:	6984 NW 5th Court	-	12	
ruuross.	Margate, Fl. 33063	-	三 三 三	
	Ivialyaic, 11. 35005	-	(A)	
ARTICLE VII	INCORPORATOR		SERY CO	
The name and ad	Idress of the Incorporator is:		mo _ m	
Name:	Roberto Galoppi	_		
Address:	6984 NW 5th Court	-		
	Nargate, Fl. 33063	_	D STATE LORIDA	
Having been nan this certificate, I d	ned as registered agent to accept service of process am familiar with and/accept the appointment as regi	for the above stated istered agent and agr	l corporation at the place designated in	
	$(I \times V \setminus I \cdot I$			
			March 5th 2012	
	Required Signature/Registered Agent		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.				
aocument to the L	repariment of State constitutes a third degree felony	as proviaed for in s.	81 /.133, F.S.	
·	THUM!		March 5th 2012	
	Required Signature/Incorporator		Date	