P12000035646

(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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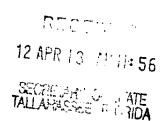
COVER LETTER

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

	GALGOS INVESTMENT GROUP, INC			
(PROPOSED CORPORA Enclosed are an original and one (1) copy of the arti	TE NAME - MUST INCL			
Efficience are an original and one (1) copy of the arti	cies of incorporation and	a a check for:		
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
	ADDITIONAL CO	OPY REQUIRED		
Name	ORRES (Printed or typed)			
18895 SW 2	220 STREET			
City,	FL 33170 State & Zip			
305-34 Daytime T	2-9107 elephone number			
IVONTORRES@B E-mail address: (to be used	ELLSOUTH.NET	notification)		

NOTE: Please provide the original and one copy of the articles.





FLORIDA DEPARTMENT OF STATE Division of Corporations

April 2, 2012

IVON TORRES 18895 SW 220 STREET MIAMI, FL 33170

SUBJECT: GALGOS INVESTMENT GROUP, INC.

Ref. Number: W12000018285

We have received your document for GALGOS INVESTMENT GROUP, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch Regulatory Specialist II New Filing Section

Letter Number: 212A00010763



ARTICLES OF INCORPORATION

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

ARTICLE I The name of the c	NAME, GALGOS INVESTME corporation shall be:	NT GROUP, INC		
ARTICLE II	PRINCIPAL OFFICE	PRINCIPAL OFFICE		
	Principal street address	Mailing a	ddress, if different is:	
	18895 SW 220 STREET		,	
-	MIAMI, FL 33170	 		
			is in	
ARTICLE III				
The purpose for which the corporation is organized is:			APR	
REAL ESTATE INVESTMENT	IE INVESTMENT		75 t day	
			<u> </u>	
			31'	
			, and the second	
ARTICLE IV			05	
The number of sha	ares of stock is: ONE HUNDRED			
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO	ORS		
	Title: VON TORRES - PRESIDENT			
Address:	18895 SW 220 STREET			
	MIAMI, FL 33170			
Name and T	Citle:	Name and Title		
Address:			· · · · · · · · · · · · · · · · · · ·	
N	2141	NI 1774		
Address:	Citle:			
				
				
ARTICLE VI	REGISTERED AGENT			
	orida street address (P.O. Box NOT acceptable)			
Name:	LILIA L VIZCAINO			
Address:	15536 SW 23 LANE			
	MIAMI, FL 33185	 		
ARTICLE VII	INCORPORATOR			
The name and ad	dress of the Incorporator is:			
Name:	IVON TORRES			
Address:	18895 SW 220 STREET MIAMI, FL 33170			
Havina heen wax	ned as registered agent to accept service of proc	sess for the phone stated como	reation at the place designated h	
	im familiar with and accept the appointment as r			
•			• •	
	$\mathcal{O}_{\mathcal{O}}$		03/26/2012	
	Required Signature/Registered Agent		Date	
submit this doci	ument and affirm that the facts stated herein a	re true. I am aware that the	false information submitted in c	
document to the D	Pepartment of State-constitutes a third degree fel	ony as provided for in s.817.15	5, F.S.	
	11/47).			
	1107/		03/26/2012	
	Required Signature/Incorporator		Date	