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(Requestor's Name)					
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(Address)					
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PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
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SECRETARY OF STATE

ALLAHASSEE, FLORIO

4/2k

COVER LETTER

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

SUBJECT: Gallops Family Center,	Inc	
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation an	nd 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 C	OPY REQUIRED
FROM: <mark>Gallop P. Franklin</mark> Name	(Printed or typed)	
2811 Industrial Plaza Dri	VE Address	
Tallahassee, Fl 32301	State & Zip	
850-216-1212 Daytime Te	elephone number	
galkar2@comcast.net	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 corp	VAME Gallops Family Cent	ter, Inc	FEI 8	40347
28	PRINCIPAL OFFICE Principal street address 111 Industrial Plaza Drive Ilahassee, FL 32301		•	dress, if different is:
ARTICLE III P The purpose for whi Start New Bus	ch the corporation is organized is:			
The number of shares ARTICLE V Name and Title	NITIAL OFFICERS AND/OR DIRECT: Kristal Franklin, President	Name		
Address:	2811 Industrial Plaza Drive Tallahassee, FL 32301			
Name and Title Address:	Gallop Franklin, Vice President 2811 Industrial Plaza Drive Tallahassee, FL 32301		ess:	
Name and Title Address:	P:			70
The <u>name and Florio</u> Name: Address:	EGISTERED AGENT da street address (P.O. Box NOT acceptable Kristal Franklin 2811 Industrial Plaza Drive Tallahassee, FL 32301 NCORPORATOR		stered agent is:	PRIZE MIZE 03
The name and address: Address:	ess of the Incorporator is: Kristal Franklin 2811 Industrial Plaza Drive Tallahassee, FL 32301			7>
Having been named this certificate, I am j	as registered agent to accept service of profamiliar with and accept the appointment as	ocess for the s registered a _l	above stated corpor gent and agree to ac	ration at the place designated in this capacity
	Required Signature/Registered Agent ent and affirm that the facts stated herein artment of State constitutes a third degree for	are true. I a		
ators	Required Signature/Incorporator			4/26/19 Date