

P12000084275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

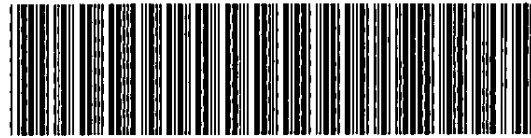
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100240004151

FILING CANCELLED  
RETURNED CHECK

10/03/12--01020--014 \*\*78.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 OCT -3 PM 3:51

10/4/12

## COVER LETTER

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

SUBJECT: The Galleon Group, 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: Thomas Jackson  
Name (Printed or typed)

10661 Airport Pulling Road Suite 16J  
Address

Naples, FL 34109  
City, State & Zip

239-431-5710  
Daytime Telephone number

thegalleongroup@hotmail.com  
E-mail address: (to be used for future annual report notification)

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

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ARTICLES OF INCORPORATION

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

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**ARTICLE I NAME**

The name of the corporation shall be: The Galleon Group, Inc.

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
10661 Airport Pulling Road N  
Suite 16 J  
Naples, FL 34109

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Any lawful business.

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**ARTICLE IV SHARES**

The number of shares of stock is: 200

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

Name and Title: <u>Thomas Jackson, CEO</u>	Name and Title: _____
Address: <u>10661 Airport Pulling Road N</u>	Address: _____
<u>Suite 16J</u>	_____
<u>Naples, FL 34109</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

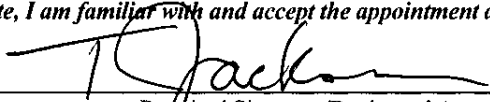
Name: Thomas Jackson  
Address: 10661 Airport Pulling Road N Suite 16J  
Naples, FL 34109

**ARTICLE VII INCORPORATOR**


The name and address of the Incorporator is:

Name: Thomas Jackson  
Address: 10661 Airport Pulling Road N Suite 16J  
Naples, FL 34109

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	<u>09/06/2012</u> _____ Date
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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	<u>09/06/2012</u> _____ Date
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