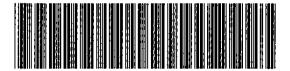
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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	AIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status _	
Special Instructions to Filing Officer:	





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COVER LETTER

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

SUBJECT: Galoure Inc.				
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)				
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:			
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status			
	ADDITIONAL COPY REQUIRED			
FROM: Margarita Molina Sanchez Name	Printed or typed)			
6825 West Calumet Circl	e ddress			
Lake Worth, Florida 334	167 State & Zip			
561-436-4423 Daytime Te	elephone number			
galoure@live.com E-mail address: (to be used	for future annual report notification)			

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



October 2, 2012

MARGARITA MOLINA SSANCHEZ 6825 WEST CALUMET CIRCLE LAKE WORTH, FL 33467

SUBJECT: GALOURE INC. Ref. Number: W12000046944

We have received your document for GALOURE INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 412A00022907

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE II	PRINCIPAL OFFICE		
	Principal street address		Mailing address, if different is:
	825 W Calumet Circle		ox 540213
Ĺ	ake Worth, FL 33467	Lake V	Vorth, FL 33454-0213
ARTICLE III	PURPOSE		
The purpose for w	hich the corporation is organized is:		
Everything to	do with weddings and events		
			* 产摇 7
ARTICLE IV			E N
The number of shar	res of stock is: 300 shares of stock @ \$	1.00 par value	
4 D # 17		.50	25 5
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO tle: Margarita Molina Sanchez	Nome and Titl	a Maria Luz Cambata
Address:	Director	Name and The	Director
radicss.	6825 W Calumet Circle		6825 W Calumet Circle
	Lake Worth, FL 33467		Lake Worth, FL 33467
	•		·
	tle:		
Address:		Address:	
			
Name and 11 Address:	tle:	Name and 11th	
Additess.		Address.	
			
ARTICLE VI	REGISTERED AGENT		
	rida street address (P.O. Box NOT acceptable)	of the registered ago	ent is:
Name:	Margarita M Sanchez		
Address:	6825 W Calumet Circle		
	Lake Worth, FL 33467		
ARTICLE VII	INCORPORATOR		
	ress of the Incorporator is:		·
Name:	Margarita M Sanchez	<u>_</u>	,
Address:	6825 W Calumet Circle	_	
	Lake Worth, FL 33467	_	
Havino heen name	ed as registered agent to accept service of proce	ess for the above st	tated corporation at the place designated i
	n familiar with and accept the appointment as re		
	10/1/201	G	
	Million		10/10/12
	Required Signature/Registered Agent		Date
	ment and affirm that the facts stated herein as		
wcumeni io ino De	eparthent of State constitutes a third degree felo	ny as providea jor	III 8.01 / .133, F .S.
(//.	//XW/IN		40/40/40
	Required Signature/Incorporator		10/10/12 Date
	required Signarde/Hicorogrator		Date