

P13000046622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

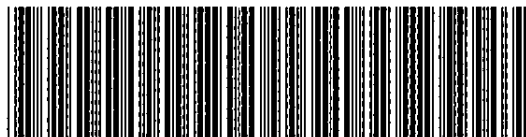
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13 MAY 29 PM 3:29

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13 MAY 29 PM 3:38  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MAY 29 2013

## COVER LETTER

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

SUBJECT: Galtrehea Events & Consulting Group  
(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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: Arlhea S. Williams  
Name (Printed or typed)

\_\_\_\_\_  
Address

Tallahassee, Florida 32308  
City, State & Zip

(850) 942-6707  
Daytime Telephone number

\_\_\_\_\_  
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 NAME**

The name of the corporation shall be: GalArrehea Events & Consulting Group, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2895 Thornton Road  
Tallahassee, Florida 32308

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: an Event Services/Production  
and Consulting Company for Profit. The Consulting services  
also include Educational Consulting Services as well as  
Professional and Special Event Services. There might be limited  
Related retail also.

**ARTICLE IV SHARES**

The number of shares of stock is: 100 shares

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

Name and Title: Arrehea S. Williams

Title: President & C.E.O.

Address: 2889 Thornton Road

Tallahassee, FL 32308

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

(conti.)

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: Arkea S. Williams  
Address: 2889 Thornton Road  
Tallahassee, FL 32308

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Arkea S. Williams  
Address: 2889 Thornton Road  
Tallahassee, FL 32308

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TALLAHASSEE FLORIDA

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

Arkea S. Williams  
Required Signature/Registered Agent

May 29, 2013  
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.

Arkea S. Williams  
Required Signature/Incorporator

May 29, 2013  
Date