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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

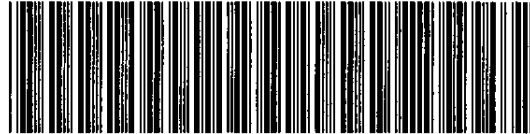
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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**46.75

SECRETARY OF STATE
TALLAHASSEE FLORIDA

16 APR -6 AM 8:09

FILED

VH

COVER LETTER

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

SUBJECT: Gail Gilman Designs, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Gail E. Gilman

Name (Printed or typed)

PHD, 1700 South Ocean Blvd

Address

Lauderdale by the Sea, Florida 33062

City, State & Zip

954 410 3030

Daytime Telephone number

cardinalsouthern@aol.com

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME
The name of the corporation shall be: Gail Gilman Designs, Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address

Mailing address, if different is:

PHD, 1700 South Ocean Blvd.

PO Box 11007

Lauderdale by the Sea, Florida 33062

Fort Lauderdale, Florida 33339

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

interior design, architectural design

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gail E. Gilman, President

Name and Title: _____

Address PHD, 1700 South Ocean Blvd
Lauderdale by the Sea, Florida 33062

Address: _____

Name and Title: David D Gilman, secretary treasurer

Name and Title: _____

Address PHD, 1700 South Ocean Blvd.
1700 South Ocean Blvd.
Lauderdale by the Sea, FL 33062

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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Name and Title: _____ Name and Title: **16 APR -6 AM 8:09**
 Address _____ Address: **SECRETARY OF STATE**
 _____ **TALLAHASSEE FLORIDA**

ARTICLE VI REGISTERED AGENT

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

Name: Gail E Gilman
 Address: PHD, 1700 South Ocean Blvd.
Lauderdale by the Sea, FL 33062

ARTICLE VII INCORPORATOR

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

Name: David D Gilman
 Address: PHD, 1700 South Ocean Blvd.
Lauderdale by the Sea, FL 33062

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 March 31, 2016
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.

 Required Signature Incorporator March 31, 2016
Date