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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION  
GALI INVESTMENTS INC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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06-17-16

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COVER LETTER

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

SUBJECT: GAI INVESTMENTS 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: RAQUEL AZCARRAGA CALI  
Name (Printed or typed)

5741 S.W 5 STREET  
Address

Miami Fla 33144  
City, State & Zip

305 264 8839  
Daytime Telephone number

xito2006@yahoo.es.  
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: GALI INVESTMENTS INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

5741 SW 5 STREET  
33144. Miami Fla.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO TRANSACT ANY AND ALL  
LAWFUL BUSINESS.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE

**ARTICLE IV SHARES**

The number of shares of stock is: 100.

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

Name and Title: Raquel Acarraga Gal (President). Name and Title: \_\_\_\_\_

Address: 5741 SW 5 STREET Address: \_\_\_\_\_  
33144. Miami Fla. \_\_\_\_\_

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

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

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: RAQUEL AZCA'RRAGA GALI  
 Address: 5741 S.W. 5 STREET  
33144. MIAMI FLA.

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 TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: RAQUEL AZCA'RRAGA GALI  
 Address: 5741 S.W. 5 STREET  
33144. MIAMI FLA.

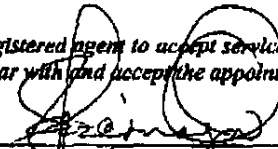
**ARTICLE VIII EFFECTIVE DATE:**

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.)

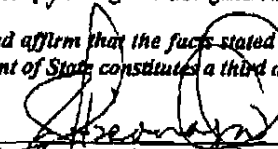
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

06/16/2016  
 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

06/16/2016  
 Date