

P/7000039389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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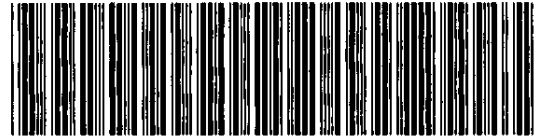
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

W17-032873

05/03/17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 17, 2017

YOLANDA DAVIS
12708 S.W. 50 ST.
MIRAMAR, FL 33027

SUBJECT: GALLON ENTERPRISES AND COMPANY
Ref. Number: W17000032873

We have received your document for GALLON ENTERPRISES AND COMPANY and your check(s) totaling \$80.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 017A00007397

COVER LETTER

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

SUBJECT: Gallon Enterprises and Company
(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: Yolanda Davis
Name (Printed or typed)

12708 SW 50st
Address

Miramar, FL 33027
City, State & Zip

7863140728
Daytime Telephone number

gallonenterprise@gmail.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)

ARTICLE I NAME

The name of the corporation shall be:

Gallon Enterprises and Company

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2332 NW 95 st
Miami, FL 33027

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide Customer service to clients and the community. To help clients and customers with credit repair and preparation of home ownership.

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Gylanda Davis

Address

12708 SW 50 st
Miramar, FL 33027
President

Name and Title:

Alleeah Laidler

Address:

12708 SW 50 st
Miramar, FL 33027
Vice President

Name and Title:

Gwendolyn Gallon

Address

2332 NW 95 st
Miami, FL 33147
Treasurer

Name and Title:

Name and Title:

Kenya Johnson

Address

2330 NW 95 st
Miami, FL 33027
Secretary

Name and Title:

Address:

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TALLAHASSEE, FLORIDA

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: Gwendolyn Gallon

Address: 2332 NW 95th
Miami, FL 33027

ARTICLE VII INCORPORATOR

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

Name: Yolanda Davis

Address: 12708 SW 50th
Miramar, FL 33027

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TALLAHASSEE FLORIDA

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 days prior or 90 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

Gwendolyn Gallon
Required Signature/Registered Agent

3-24-17
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.

Yolanda Davis
Required Signature/Incorporator

3-2017
Date