

P18000037470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

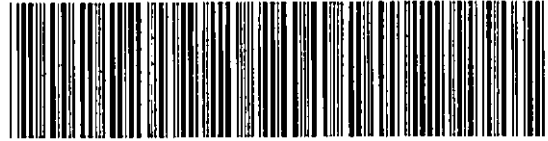
Special Instructions to Filing Officer:

Office Use Only

1N1800032820

APR 26 2018

T. SCOTT



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04/03/18-- 01008--011 **105.00

2018 APR 25 AM 8:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 6, 2018

MANELA GALILEO
1750 N BAYSHORE DR APT 4015
MIAMI, FL 33132

SUBJECT: MANUELA GALILEO P.A.
Ref. Number: W18000032820

We have received your document for MANUELA GALILEO P.A. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 218A00006973

COVER LETTER

TO: Charter Section
Division of Corporations

Manuela Galileo P.A.

SUBJECT: _____
Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

Manuela Galileo

Contact Person

Firm/Company

1750 N Bayshore DR APT 4015

Address

Miami, FL 33132

City, State and Zip Code

manulifestyle@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Manuela Galileo at (305) 3931553

Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$105.00 Filing Fees
 ☐ \$113.75 Filing Fees and Certificate of Status
 ☐ \$113.75 Filing Fees and Certified Copy
 ☐ \$122.50 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:

New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity" into a Florida Profit Corporation** in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

M&G Galileo LLC

21866618299

Enter Name of Other Business Entity

Limited Liability Company

2. The "Other Business Entity" is a _____
(Enter entity type. Example: limited liability company, limited partnership,
general partnership, common law or business trust, etc.)

Florida, United States of America

first organized, formed or incorporated under the laws of _____
(Enter state, or if a non-U.S. entity, the name of the country)

1/16/2018

on _____
Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

Manuela Galileo P.A.

Enter Name of Florida Profit Corporation

03/20/2018

5. If not effective on the date of filing, enter the effective date: _____

(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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.

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2018 APR 25 AM 8:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signed this 16th day of March, 2018.


Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an

Incorporator: Manuela Galileo

Printed Name: Manuela Galileo Title: Director

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature:  _____

Printed Name: Manuela Galileo Title: Agent

Signature:  _____

Printed Name: Giorgio Galileo Title: Agent

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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

ARTICLE I NAME

Manuela Galileo P.A.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

Principal street address

Mailing address, if different is:

1750 N Bayshore DR APT 4015

Miami FL 33132

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To keep personal income and business separate / tax reasons / organization

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Manuela Galileo
Address: 1750 N Bayshore DR APT 4015, Miami

Name and Title: Director
Address: FL 33132

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE VI REGISTERED AGENT

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

Name:

Manuela Galileo

Address:

1750 N Bayshore Dr
APT 4015, Miami, FL 33132

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

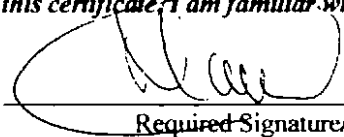
Name:

Manuela Galileo

Address:

1750 N Bayshore Dr
APT 4015, Miami, FL 33132

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

03/16/18
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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

03/16/18
Date