P18000041168

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FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

2018 HAY -8 PM 3: 11

SUBSTANCE OF SUMMERCIAL NUMBER ATTENT SERVICES

April 24, 2018

THE GAL GROUP 14021 S.W. 67TH COURT MIAMI, FL 33158

SUBJECT: THE GAL GROUP Ref. Number: W18000038388

GALA CONNUNICATIONS. INC.

We have received your document for THE GAL GROUP and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is.

L10000008164

Please return 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.

Nadira D McClees-Sams Regulatory Specialist II

Letter Number: 018A00008268

COVER LETTER

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

SUBJECT:	: GALA (ommunications	5.1 nc.
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Certified Copy & Certificate of Status
FROM:		avaications Te (Printed or typed)	
	14021 S.W. MiAMI, Flor		
		6-10 95 Telephone number	
	the Galgrou E-mail address: (to be use	of for funire 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)

The name of the corporation shall be:	Group GALA COMMUNICATION	IS, I
ARTICLE II PRINCIPAL OFFICE Principal street address LOUR SES GARCIA	Mailing address, if different is:	,
14771 S.W. 67th Court		
MIAMI, FloRIDA 33150	<u> </u>	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:		
Marketing, Public	Relations, advertising and	<u>(</u>
PROMOTION CONSI	eltants	
	12	
	<u>်</u>	
ARTICLE IV SHARES The number of shares of stock is: // O	PH 3: 26	·
ARTICLE V INITIAL OFFICERS AND/OR DIREC	CTORS	
	apcia Name and Title: President	
Address 14021 5.W. 6'	A 1	
4.4	4 331\$	
<u></u>		
Name and Title: Alexia GONZ	alez Name and Title: Vice PresideNZ	,
Address 140215W 67+		
Miami, Fbric		
<u> </u>		
Name and Title:	Name and Title:	
Address	Address:	
		

Name and Title:		Name and Title:			
Address		Address:		•	•••
•		<u> </u>			<u> </u>
ARTICLE VI REGIS	TERED AGENT				
	treet address (P.O. Box NOT acceptable) o	f the registered agent is:			•
Name:	ourdes Garcia	_			
Address:	14021 5.W. 67th Can	it			٠
	Miani, Florida 3.31	58			
ARTICLE VII INCOL	<u>RPORATOR</u>			18	
The name and address	of the Incorporator is:			HAY	
Name:	Lourdes Garcia	-	HÄSSEE.	င္ရာ	•
Address: /	40.21 5.W. 67th Cou	it		H	
_	MiAMI, Florida 331	56	Torio	3: 26	~
ARTICLE VIII EFFE Effective date, if other th (If an effective date is I filing.)	CTIVE DATE: nan the date of filing: isted, the date must be specific and cannot	. (OPTIONAL) t be more than five days prior	or 90 da	iys afte	er the
	d in this block does not meet the applicable date on the Department of State's records.	statutory filing requirements, thi	s date w	ill not b	e listed as
	registered agent to accept service of process iliar with and accept the appointment as reg				esignated in
Taurel	Required Signature/Registered Agent		41	181	1/8_
	Required Signature/Registered Agent	-		Date	
document to the Departr	and affirm that the facts stated herein are nent of State constitutes a third degree felon			tion su	bmitted in a
\sim		-		/	1.=
Leure	les Gacceannaire/Incorporator		<i>4</i> /	118/	118
Required Sig	nature//ncorporator			Date	e