

P19000025174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

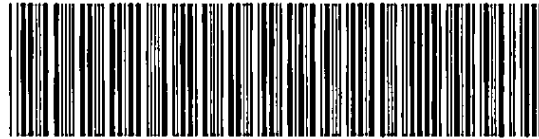
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2019 MAR 25 AM 11:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 26 2019

K Brumpley

## COVER LETTER

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

**SUBJECT:** DANIELA GALLO, P.A.

(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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** DANIELA GALLO

Name (Printed or typed)

8676 BRIDLE PATH CT

Address

DAVIE, FL 33328

City, State & Zip

954.224.4456

Daytime Telephone number

DGALLO1013@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: DANIELA GALLO, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8676 BRIDLE PATH CT

DAVIE, FL 33328

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Real Estate Sales

ARTICLE IV SHARES

The number of shares of stock is: ONE (1)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Daniela Gallo, President

Name and Title:

Address 8676 Bridle Path Ct

Address:

Davie, FL 33328

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 MAR 25 AM 11:50

FILED

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: DANIELA GALLO \_\_\_\_\_

Address: 8676 BRIDLE PATH CT \_\_\_\_\_

DAVIE, FL 33328 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Name: DANIELA GALLO \_\_\_\_\_

Address: 8676 BRIDLE PATH CT \_\_\_\_\_

DAVIE, FL 33328 \_\_\_\_\_

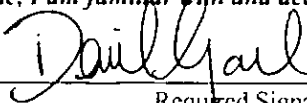
**ARTICLE VIII EFFECTIVE DATE:**

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*



Required Signature/Registered Agent

3/13/19

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

3/13/19

Date