

P19000080437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

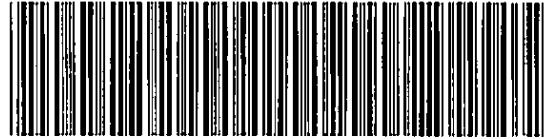
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10 OCT 15 PM 7:02

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## COVER LETTER

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

**SUBJECT:** GALLEGO ADULT HOME 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      ☐ \$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:** MARIA E RUIZ  
Name (Printed or typed)  
  
7750 SW 117TH AVE SUITE 201D  
Address  
  
MIAM FLORIDA 33183  
City, State & Zip  
  
305 595-2407  
Daytime Telephone number  
  
MARIAQUIROS9@HOTMAIL.COM  
E-mail address: (to be used for future annual report notification)

**NOTE:** Please provide the original and one copy of the articles.

October 2, 2019

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

Re: Gallego Adult Home Inc

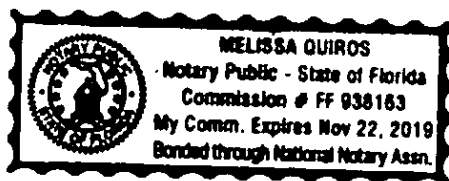
To whom it may concern:

By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me.

Sincerely,

*Maria Marquez*  
or  
Maria Christina Marquez



*Ms*

19 OCT 15 PM 7:02

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME** GALLEGO ADULT HOME INC

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

13225 SW 46 TERRACE

13225 SW 46 TERRACE

MIAMI FLORIDA 33175

MIAMI FLORIDA 33175

**ARTICLE III PURPOSE**

ANY AND ALL LEGAL PURPOSES

The purpose for which the corporation is organized is: \_\_\_\_\_

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

**ARTICLE IV SHARES**

100 @ \$1.00 EA

The number of shares of stock is: \_\_\_\_\_

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

Name and Title: Maria Christina Marquez, Pres

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

Address 13225 SW 46 TERRACE

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

MIAMI, FLORIDA 33175

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

19 OCT 15 PM 7:02  
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED  
DATE 10/15/15 BY 60322

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: MARIA CHRISTINA MARQUEZ  
Address: 13225 SW 46 TERRACE  
MIAMI FLORIDA 33175

**ARTICLE VII INCORPORATOR**

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

Name: MARIA CHRISTINA MARQUEZ  
Address: 13225 SW 46 TERRACE  
MIAMI FLORIDA 33175

**ARTICLE VIII EFFECTIVE DATE:** 10/20/2019

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*

Maria Marquez  
Required Signature/Registered Agent

10/02/2019  
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.*

Maria Marquez  
Required Signature/Incorporator

10/02/2019  
Date