

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

P23000050835

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000238890 3)))



H230002388903ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
 Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
 Account Number : 120000000019
 Phone : (305)552-5973
 Fax Number : (305)675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
 GALT MANAGEMENT, CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED

2023 JUL -7 PM 3:36

CORPORATIONS
 COMMERCIAL
 SERVICES

FILED
 23 JUL -7 AM 6:56
 STATE OF FLORIDA
 TALLAHASSEE, FL 32301

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:GIALF MANAGEMENT, CORP.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

8600 N - South River Dr
Suite 118
Medley FL, 33166**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Alfredo Calzado Garcia (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Alfredo Calzado Garcia
8600 N - South River Dr Ste 118
Medley FL 33166**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Alfredo Calzado Garcia
8600 N - South River Dr Ste 118
Medley FL 33166

23 JUL - 7 AM 6:56


FILED

Required Signatures:

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

_____
Registered Agent_____
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.

_____
Incorporator_____
Date

23 JUL -7 AM 6:56
SECRET
FALLANDER

FILED