## TRANSMITTAL LETTER

Department of State **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314

GAUERY AT-t On vie Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

\$70.00			
Filing Fee			

Filing Fee & Certificate

\$122.50

\$131.25

Filing Fee & Certified Copy Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Gallery Aret Online The
Name (Printed or typed)

20663 BIS Cayne BIVA
Address

Aventura FL 33/50
City, State & Zip

30 (- 932-6/66)
Daytime Telephone number

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



## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I	NAME	
The name of the c	corporation s	hall be:
G	allery A	rt Online, Inc
3,,		

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be 20663 BIS cayne BIVel

20663 Biscayne Blvc Aventura, FL 33180

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

KEN HENDEL E202 780 NE199+4 St, Miami, FL33179

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

KEN HENDEL
780 NE 199th St. E202

1 Miami, FL 33179

1 Signature/Incorporator

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

1

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Signature/Registered Agent 7/30/9)
Date