Form C. Transmittal Letter to

TRANSMITTAL LETTER

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



SUBJECT:	GALLERY OF S.W. FLORIDA	1, INC
	(Proposed corporate name - must include suffix)	

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

- \$70.00
- \$78.75
- \$122.50
- ີ \$131.25

- Filing Fee
- Filing Fee & Certificate
- Filing Fee & Certified Copy
- Filing Fee, Certified Copy
- & Certificate

Please return the photocopy to me with the filing date stamped on it.

FROM:

DAVID C. WITT Name (printed or typed)

8945 COLLEGE PKWY Address

MYERS, FL 3.3919 City, State & Zip

433-4676 Daytime Telephone Number

> 1 1997. أبانا P. CHESSES

Dated 9/25-/97

Articles of Incorporation
1. The name of the corporation shall be: Gallery of S. W. Florida, Inc. 28 2. The principal place of business and mailing address of the corporation is:
2. The principal place of business and mailing address of the corporation is: 3 9945 College Pkwy Ft. Myers, FL 33919 3. The corporation shall have the authority to issue 100,000 shares of stock.
3. The corporation shall have the authority to issue
4. The registered agent of the corporation is <u>DAVID C. WITT</u> and the registered street address is <u>8945 COLLEGE PEWY</u> , FT. MYERS, Florida <u>33919</u> .
5. The initial Board of Directors shall have 2 member(s) whose name(s) and address(es) is/are as follows: DAVID WITT, 8945 COLLEGE PLWY, FT
is/are as follows: DAVID WITT, 8945 COLLEGE PLWY, FT MYERS, FL 33919 EDGAR HART, 8945 COLLEGE
The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.
6. The incorporator of this corporation is <u>DAVID</u> C. WITT whose street address is <u>8945</u> COLLEGE PLWY., FT. MYERS, FL. 33919
Dated 9/25/97 All Will Incorporator
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 arm familiar with and accept the obligations of my position as registered agent.

Registered Agent