

N05000000417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

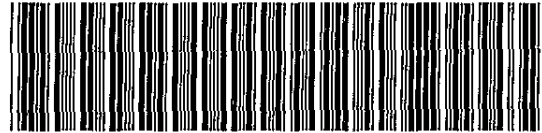
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500056658935

*Name
Change
Amend*

07/06/05--01007--024 **35.00

FILED
05 JUL -6 AM 10:10
TALLAHASSEE, FLORIDA

FILED
05 JUL -6 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*DR
7/6/05*

Sunstate Research

Requester's Name

143 W. Weatherline Way

Address

Tall FL 32301 686-5454

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Seraphic Fire, Inc

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)

file 1st

- Walk in
- Mail out
- Pick up time
- Will wait
- Photocopy
- Certified Copy
- Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

Examiner's Initials

The date of adoption of the amendment(s) was: May 20, 2005

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signed this 20 day of May, 2005

Signature Joanne N. Schulte
(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

JOANNE N. SCHULTE
(Typed or printed name of person signing)

CHAIRMAN OF THE BOARD OF DIRECTORS
(Title of person signing)

FILING FEE: \$35