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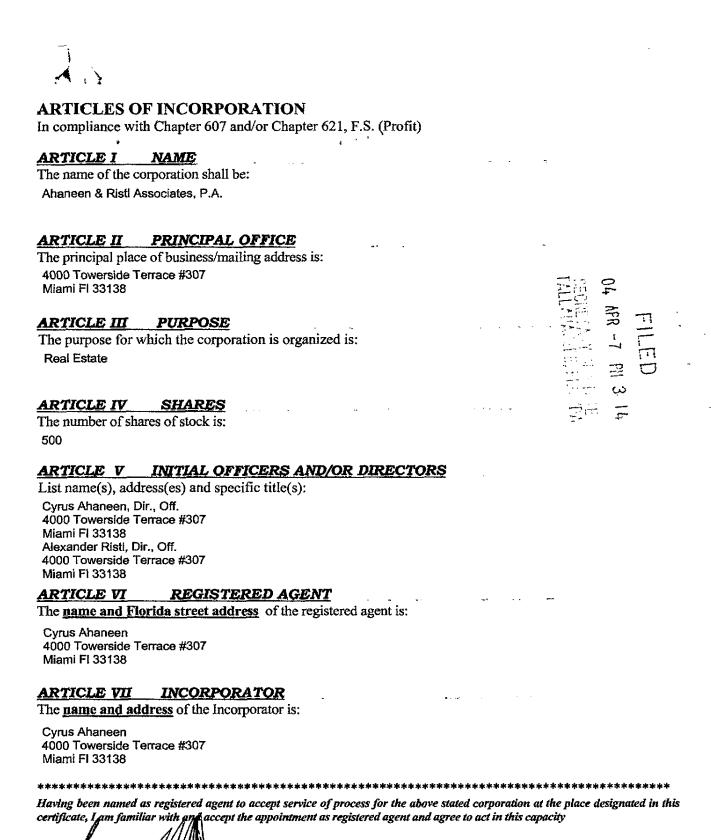
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TRANSMITTAL LETTER

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

SUBJECT: Ahar	neen & Ristl Associates, P.A		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCU</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:
□ \$70.00	☑ \$78.75	□ \$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of
			Status
		ADDITIONAL CO	PY REQUIRED
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	Name	e (Printed or typed)	
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		Address	
	Miami Fl 33138		
,	City	, State & Zip	
	305-893-6111		
•	Daytime	Telephone number	· , · · · · · · · · · · · · · · · · · ·

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



3/27/04

3/27/04

Date

Date