

654143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

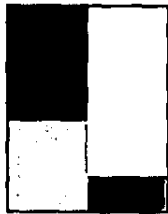
Special Instructions to Filing Officer:

Office Use Only



600168722716

AE 2/22/10
E. DENNARD



OF FLORIDA
Flad & Associates, Inc.
PO Box 5620
Madison, WI 53705

608-231-2020
lmartin@facfin.com

neopost[®]
02/17/2010

US POSTAGE

\$00.28⁰



ZIP 53705
041L11214341

RE: 6541143

FL Dept of State
Division of Corporations
Corporate Filings
PO Box 6327
Tallahassee, FL 32314

27

