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(F	Requestor's Name)
	Address
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PICK-UP	WAIT MAIL
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Certified Copies	Certificates of Status
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Special Instructions to	Filing Officer:
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Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956 ← Fax: 850.656.7953

www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

TO , Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810

Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Moreau

mmoreau@incserv.com

850.656.7953

REQUEST DATE 10/10/2022

PRIORITY Routine

OUR REF # (Order ID#), Rhonda

ORDER ENTITY

DELTA PROJECT MANAGEMENT, INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

DELTA PROJECT MANAGEMENT, INC.

Please file the attached withdrawal.

NOTES:___

\$35.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Delta Project Manaş	gement, Inc.	· · · · · · · · · · · · · · · · · · ·	
	(Name of	Corporation)	<i>O</i>
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	(Document Number o	of Corporation (if known)	. 6
California	8/19/2020		
(Incorporated	Under Laws of and date author	rized to transact business/conduct its affairs)	
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