1. Entity Name	ORM BUSINI IT # / OI OO PAVING OF	00 10328 4		SECRETARY OF DIVISION OF CORP 03 NOV 10 PM	
2. Principal Place of E	NOT WRITE	1 <b></b>		0000245294 C4,11/10/0301006031 DO NOT WRITE IN THIS	**200.00
ARASOTA	FL	City & State	FL	4. FEI Number 05-111 569 1	Applied For Not Applicable
<sup>Zip</sup> 34241	Country USA	Zip 34241	Country USA	5. Certificate of Status Desired	<b>\$5.00</b> Additionai Fee Required
900 <del>7</del>	DØ-NOT W IN THIS SF	1 Ender Linds States States		7. Name and Address of Current Registere THERINE L. TRAC BO: Box Hember is Not Acceptable) J. AMILAMI UITE T HAROTA FL	IRAIL
the obligations of re	entity submits this statement for gistered agent.	and the J applicable. Make Check Payabl		DATE	
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