

# L06000056204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

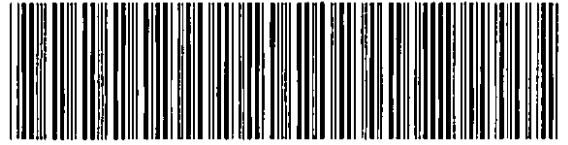
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
AUG 16 2023

Office Use Only



000412150210

07/14/23--01017--002 \*\*25.00

FILED  
23 JUL 14 AM 9:30  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA







