

L16 000 105783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

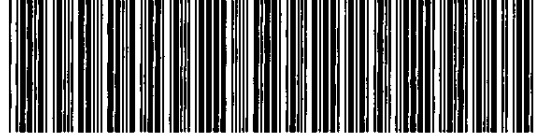
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800287348488

06/27/16---01049---022 \*\*25.00

FILED  
16 JUN 27 PM 5:01  
OFFICE OF STATE  
TALLAHASSEE, FLORIDA

JUN 28 2016

Y SULKER

16 JUN 27 PM 5:01  
RECEIVED  
FALLAHASSE, FLORIDA

16 JUN 27 PM 5:01  
OFFICE OF THE  
ATTORNEY GENERAL  
TALLAHASSEE, FLORIDA

06/20/2016

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 06/20/2016, 12:01 a.m.

Signature of a member or authorized representative of a member  
x Adolfo Delgado  
Typed or printed name of signee