

L17 000 111198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

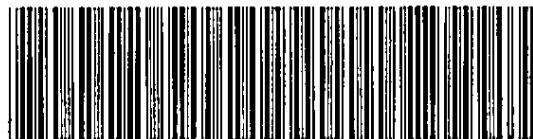
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500379098555

---[0]---[0]---[0]---[0]---

FILED

2022 JAN 12 AM 7:46

SECRETARY OF STATE
TALLAHASSEE, FL

JAN 25 2022

