

L19000035333

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

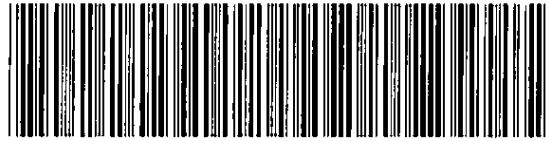
(Document Number)

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

Special Instructions to Filing Officer:

Wmills

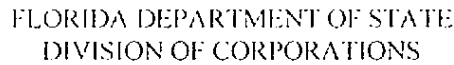
Office Use Only



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FILED  
2023 OCT -6 AM 9:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



(Pursuant to 605.0216, Florida Statutes)

- 7-10

CR2E079 (2/14)