## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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	RPOFA IC	2 2 2	UBK	DEPARTI Katherine Secretary	Harris of State		, ;			FSTATE	.S
1. Corpora	ation Name	# LSOGOL HESLIN -	•	WORK	INC.	•					
2. Principa	al Office Addres	s Lane Nor	. 1	Office Address	ane No	neth	- - -				
Suite, Apt. : UPB, City & State	FL		Suite, Apt. #	, etc.			4. Date Inco	porated or ( siness in Flo		30-199	) 12
WPB,			WPR	FL			5. FEI Numb	er 17554	= - = - -/a		Applied For
<sub>Zip</sub> 3341		Country U.S.A.	<sup>Zip</sup> 334		Country USA		6.	E OF STATU			tional Fee requirificate of Statu
<b>8.</b> I, being Signature o Registered	Street Addre	Etc.  A Palm B  A Palm B  egistered agent of the al  lugh S	Not Acceptable) Lane  each	oration, am fam		accept the o		State FL ion 607.050	334)	1 <b>2.</b> 13, F.S.	
	and Street Add	resses of Each Officer a	and/or Director (Fl	orida nonprofit					67		
9. Names	and Street Add			orida nonprofit	Street Ad	must list at le	<u> </u>		Cit	y / State / Zip	
	Julie Hugh	resses of Each Officer a  Name of Officers and/or Directo		13458	Street Ad Officer ar	Idress of Each	<u> </u>	1	City	y / State / Zip 	
Titles		resses of Each Officer a Name of Officers and/or Directo		13458	Street Ad Officer ar	Idress of Each	noeth_	1	3. FL	<u> </u>	