NO60000124/8

(Requestor's Name)				
,				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	MAIT	MAIL		
				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			
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COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: OLEAN (PATE) (ONDOLLINUM ASSOCIATION INC. A FLORIDA NOT FOL PEOPLY (ORPORATION)
(PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

70.00 g Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM: Jose M Lus P.A. Name (Printed or typed)				
P. D. BOX 590 Address				
NEWBERRY PL 32669 City, State & Zip				
	(352) 377-9111 Daytime Tele	ephone number	-	

NOTE: Please provide the original and one copy of the articles.