## N08000001536

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(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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Special Instructions to Filing Officer:						
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SECRETARY OF STATE
SECRETARY OF STATE

Q215-08

## **COVER LETTER**

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

SUBJECT:	COUNTY	CLARE	CONDO	MINIUM	ASSOCIATION
	(PROPOSED COF	RPORATE NAME – <u>N</u>	MUST INCLUDE	SUFFIX)	
Enclosed is an ori	iginal and one(1) copy of t	the Articles of Incor	poration and a c	heck for:	
\$70.00 Filing Fee	/ 🔻			\$87.50 Filing Fee, Certified Copy & Certificate	
		ADDIT	ΓΙΟΝΑL COPY		
. FI	ROM: Osm	Name (Printed or typed)	<i>N</i>		
	6839	Donerai! Address	Trail		
	Talla	City, State & Zip	L 323	309	
		9 ) 413 — 8 ayfime Telephone numb	20) er		

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

## ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

COUNTY

CLARE CONDOMINEUM

NAME

The name of the corporation shall be:

ASSOCIATION INC				
- 32309				
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FILED				
9. O				
2309				
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