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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
<u>, </u>
(Document Number)
(Cooding to the total)
Cartification of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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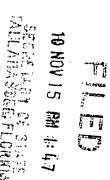
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FILING CANCELLED RETURNED CHECK

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DEFARTHENCE OF STATE OF CORPORATIONS





COVER LETTER

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

SUBJECT:	TILL MON POL	Lows top /	/trustone
V	(PROPOSED CORPORA	TE NAME – MUST INCLU	<u>DE SUFFIX</u>)
Enclosed is an original	and one (1) copy of the Art	icles of Incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate
	,	ADDITIONAL CO	PPY REQUIRED
FROM:	PHILF MON	I Tellowstip	MTERNATIONAL
	2025 Sout		
	TA LLAHAS. City.	State & Zip	30/
	850-25 Daytime To	-/-2502 elephone number	_
	P-mail address: (to be used for	Restler @ CHW 1.	CO 44

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

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ARTICLES OF INCORPORATION

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e: Mrs. NAN ACTI DO. B.s.	Ky Kavening,	Name and Title: Address:			
TALLAK		<u> </u>			
REGISTERED AG	1227 1				
	O.Box NOT acceptable)	of the registered agent is:	, · · · · · · · · · · · · · · · · · · ·	- m.,"	
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da street address (P.C. 2025	O. Box NOT acceptable) NOTE 14 14 1 South May	Too ST	TENNA SEE	TO NOV 15	
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INCORPORATOR ess of the Incorporator	O. Box NOT acceptable) NOTA A J South Mon A Charles FC	Too ST	THE HURSSEE FLO	TO NOV 15 PM III.	
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Required Signature of Incorporator