

P000000010395

TRANSMITTAL LETTER

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

700003108007--3
-01/24/00-01086-017
*****78.75 *****78.75

SUBJECT: MD AUTO COLLISION, INC.

(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
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

RAMON REYES
Name (Printed or typed)
5035 PALM AVE.
Address
HALEAH, FL. 33012
City, State & Zip
(305)822-0669
Daytime Telephone number

FILED
2000 JAN 24 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

