

TRANSMITTAL LETTER

P000000 57846

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

000003281520--1
-05/08/00--01053--013
*****78.75 *****78.75

SUBJECT: EQUITHERAPIES, 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: DEBORAH LONDEAU.
Name (Printed or typed)

14746 OSPREY POINT DRIVE
Address

FORT MYERS, FLORIDA 33908
City, State & Zip

941-450-6448 OR 941-437-5436
Daytime Telephone number

00 JUN - 8 AM 7:49
FILED
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

no copy
CA
6-15-00
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