POCOSSISTED TRANSMITTAL LETTER Department of State

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

SUBJECT: SMYRNA LIFE INC. (PROPOSED CORPORATE NAME + MUST INCLUDE SUFFIX) 7000043678773 -06/06/0101074022 1 ******78.75 ******78.75				
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 ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL CO.	1 1 KEQUIKED	j
FROM:	ELIZABETH D. Name (Pr		· · ·	
	709 FRANCIS	AVENUE		
	NEW SMYRNA-City, S	BEACH, FL	32168 - Acc	
	904-42 Daytime Te	8-3999 Elephone number		6 F 57

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

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