TRANSMITTAL LETTER 10/00/06/387/

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

□ \$70.00

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UI JUN 25 pir	
SLCRETARY OF STALLAHASSEE, FL	TATE ORIDA

SUBJECT: IANC INCLUDE SUFFIX)

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

000004440060--4 -06/25/01--01139--010 *****78.75 *****78.75

\$87.50

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$78.75

Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status
FROM	: DIANE J	ADDITIONAL CO	PY REQUIRED
	6659	MANGTOU Address	EMAY
	MAPIES	, State & Zip	4107
			> 1

□ \$78.75

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

Daytime Telephone number

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	FILED
ARTICLE I NAME The name of the corporation shall be: NAME T Wikkle, P.A.	OI JUN 25 PM 1:16 SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 6659 MANGTON NAPIES, FL., S.	E VAY SHIOT
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Cal	
ARTICLE IV SHARES The number of shares of stock is:	mon White
ARTICLE V INITIAL OFFICERS DIRECTORS (optional) The name(s) and address(es): DIANE J. WICKLE 6659 MANY TONE MAN WAPIES, FL., SHIOP	/
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: 6557 Manya	cone Man
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Show The Manager Than Show Than Show The Manager Than Show Th	107 107 107 109
Having been named as registered agent to accept service of process for the above stated corporation at the certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capaci	place designated in this ity
Signature/Registered Agent Date	19/01
Signature/Incorporator Date	19/01
Organical Introduction	