POLOGOLOSIIS

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

SUBJECT:	Lisa A. U. (PROPOSED CORPORATE	OTT INC	
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)			
			·
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:			
D	D 050 55	D 670 75	⊠ nog so
☐ \$70.00 Filing Fee	☐ \$78.75 Filing Fee	☐ \$78.75 Filing Fee	☑ \$87.50 Filing Fee,
rimig rec	& Certificate of Status	& Certified Copy	Certified Copy
		- 113	& Certificate of
		ADDITIONAL COL	Status
		ADDITIONAL COI	Y REQUIRED
FROM: LISA A. MOTT			
FROM: A. MoTT Name (Printed or typed)			
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950 Ne 37 th Ave -10/29/0101049010 Address = 300014656-36-3			
Address			
D. Barrel (1) 22012			
Ponpano BLACH F1 33062 City, State & Zip			
	954-532	2-1347	ASS T
	Daytime Tel	ephone number	AR OT
			SSS
			LED T29 AMIO: 55 HASSEE, FLORIG
			FLO
			PART 55

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

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