802000125684

(Re	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificat <u>e</u> s	of Status
Special Instructions to F	Filling Officer:	

Office Use Only



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SERVICE FLORIDATE

TRANSMITTAL LETTER

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

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

\$70.00 \$78.75 \$\$87.50 \$\$11ing Fee Filing Fee & Filing Fee & Filing Fee & Certified Copy & Certified Copy & Certified Copy & Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Wavel Agency Finted or typed)

7749 GASCOW DR.

Address

Wew About Pickey FL. 34653

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

 Watte
 10-24-02

 Signature/Registered Agent
 Date

 10-34-02

Signature/Incorporator