

PO3000005059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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[Signature]

TRANSMITTAL LETTER

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

SUBJECT: LC APARTMENTS, CORP.

(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
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Certified Copy
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ADDITIONAL COPY REQUIRED

FROM:

RAMON REYES

Name (Printed or typed)

5035 PALM AVE.

Address

HIALEAH, FL. 33012

City, State & Zip

(305) 822-0669

Daytime Telephone number

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

