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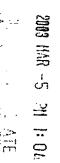
(Requestor's Name)				
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03-07-13

TRANSMITTAL LETTER

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

SUBJECT: AM	Y'S CAD SERVICE, INC.			
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)				
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d a check for:	
□ \$70.00	\$78.75	□ \$78.75	□ \$87.50	
Filing Fee		Filing Fee	Filing Fee,	
1 5 1 00	& Certificate of Status	& Certified Copy	Certified Copy	
	or certificate of Status	a certifica copy	& Certificate of	
			Status	
		ADDITIONAL CO		
FROM:	AMY CHRISTINE WAGN	ER		
Name (Printed or typed)				
18751 TELEGRAPH CREEK LN.				
Address				
	239-229-9472			
•	Daytime T	elephone number	* *	

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

Signature/Registered Agent

Signature/Incorporator

02-28-2003

Date

02-28-2003

Date