

PO3000034900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

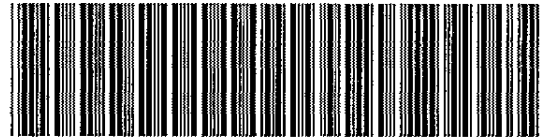
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500066695145

02/27/06--01077--010 \*\*43.75

FILED  
06 FEB 27 PM 1:07  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MAR 02 2006