## P03000050083

(Requestor's Name)	
(Address)	
(Address)	
(Addiess)	
(City/State/Zip/Phone #)	
PICK-UP WAIT N	IAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status_	<del></del>
Special Instructions to Filing Officer:	
	}
<del></del>	
Office Use Only	



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SECRETARY CE STATE OF MAY -6 PM 4: 17



95/6

## TRANSMITTAL LETTER

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

SUBJECT: 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 **□** \$78.75

Filing Fee Filing Fee

& Certificate of Status

□ \$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM:

Lijzh Kna Lib

Name (Printed or typed)

368 YOUNG

City, State & Zin

Daytime Telephone number

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

	07 and/or Chapter 621, F.S. (Pro	otit)	
The name of the corporation state of the corpo			
Tall. FN. 32	S. ST.		**************************************
ARTICLE III PURPOR The purpose for which the con Any 2nd 2(1 Law		the state of F	londa
ARTICLE IV SHARE The number of shares of stock	<del></del>	en de la seconda	
The name(s), address(es) and	OFFICERS/DIRECTORS (o title(s):		MAY -6
			PH 4: 17
	STERED AGENT address of the registered agent	is:	PH 4: 17
The name and Florida street  Eliph Khafib  308 young ST.  Tall, Fl. 32301	address of the registered agent	is:	OF STATE STATE STATE IN THE STATE OF ST
The name and Florida street  Eliph Khafib  308 young ST.  Tall, Fl. 32301	address of the registered agent  PORATOR	is:	OF STATE OF ATTOMS