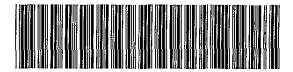
## P03000101883

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isin <b>ess</b> Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	, ,

Office Use Only



100022871581

09/12/03--01027--004 \*\*78.75

O3 SEP 12 AHII: 23

## TRANSMITTAL LETTER

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

SUBJECT: Golden Line Distributors, INC.
(PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)

sed are an ong	mai and one (1) copy of the artic	articles of incorporation and a check for.		
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	DIANE Name	(Printed or typed)		
	5920 Su	J 93 PL		
	Misseni City,	FL 33	3/73	
	305 - 7	89-87	63	

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