## P03000116609

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Dusiness Littly Hame)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
-				
✓ D. WHITE OCT 2 0 2003				
V 5				

Office Use Only



800023849258

10/17/03--01027--003 \*\*78.75

3 0CT 16 PH 2: 59

## TRANSMITTAL LETTER

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

	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
	. , <del>.</del>		
Enclosed are an orig	inal and one (1) copy of the art	icles 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 PPY REQUIRED
FROM:	CRA: G Douce	(Printed or typed)	
-	9142 RUGERDE.	-	-
·	NEW PORT RICHE	Address :	· · · · · · · · · · · · · · · · · · ·
	727-507-9255	elephone number	

CD ADJUSTING CONSULTANTS INC.

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

FILED
03.0CT 16 PM 2:59
TS TWE.
SECRETARY OF STATE FALLAHASSEE FLORID
•
HOSE DRESDENT 655 SECRETARY
*******
rporation at the place designated in thi t in this capacity
10-12-03
Date
10-12-03
Date

ARTICLES OF INCORPORATION