

P3000131730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

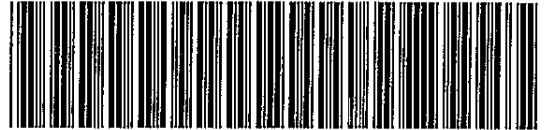
(Business Entity Name)

(Document Number)

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STATE  
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FLORIDA

*[Handwritten signature]*

**TRANSMITTAL LETTER**

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

**SUBJECT:** INCOMREAL MANAGEMENT & ASSOCIATES INC.  
**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** MAGDIEL RAVELO  
Name (Printed or typed)

160 East 61 Street  
Address

Hialeah, Florida 33013  
City, State & Zip

(786) 286-8187  
Daytime Telephone number

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

