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(Requestor's Name)

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(City/State/Zip/Phone #)

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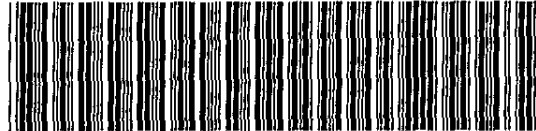
(Business Entity Name)

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TRANSMITTAL LETTER

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

SUBJECT: LENARD M. HUGHES, M.D., P.A.
(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

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
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& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: LENARD M. HUGHES, MD, FACS
Name (Printed or typed)

29401 PINE ROW TRAIL
Address

DOWAGIAC, MI 49047
City, State & Zip

269-783-0933
Daytime Telephone number

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