## P04000043032

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
<b>\</b> /
PICK-UP WAIT MAIL
/ \
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Deranda dopies
Special Instructions to Filing Officer:
1.011/1/2 3/2/
1 D. White 3/10/04

Office Use Only



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SECRETARY OF STATE
TALLAHITESEE, FLORID
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REDEIVED

## TRANSMITTAL LETTER

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

SUBJECT: MILLARY CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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  ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
		ADDITIONAL CO	or a keyonken

FROM:

Middle word Construction, Inv
Name (Printed or typed)

116 Much S Ad
Address

Sport F 32358

City State & Zip

Daytime Telephone number 528-7077

751-6236

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

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Ch	monto		/			3-10.	04	
Signa	ture/Registe	red Agent			·	Date		

3.10.84 Date