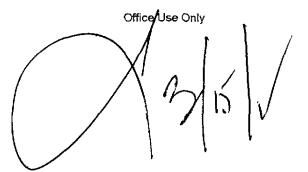
P04000076685

(Re	equestor's Name)			
(Ac	ddress)	· · · · · · · · · · · · · · · · · · ·		
. (Ac	ldress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





000029866510

21/07/64---1080 -280 **87.50

SECRETARY C.

2001 HAY 11 P 2: 2

TRANSMITTAL LETTER

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

SUBJECT: Onsi	urface, Inc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	icles of incorporation and	l a check for:
□ \$70.00	\$78.75	□ \$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
2	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:	Alejandro A. Racines a	nd Ricardo Londono	
	Name	(Printed or typed)	······································
	1700 Shasta Court		
		Address	
	Winter Park, FL 3279	2	
	City,	, State & Zip	
	407-679-3609		
	Daytime T	elephone number	

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 15, 2004

ALEJANDRO A. RACINES AND RICARDO LONDONO 1700 SHASTA COURT WINTER PARK, FL 32792

SUBJECT: ONSURFACE, INC. Ref. Number: W04000010326

We have received your document for ONSURFACE, INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P01000021387.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole Document Specialist New Filings Section

Letter Number: 604A00017048