

P04000088821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

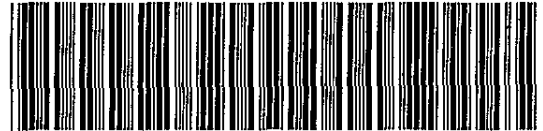
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: PROEVENT TRANSLATION SERVICES, 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

☐ \$78.75 Filing Fee  
& Certified Copy  
☐ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: JUAN C PIREZ  
Name (Printed or typed)

6401 WESTGATE DRIVE # 407  
Address

ORLANDO, FLORIDA 32835  
City, State & Zip

321-274-3223  
Daytime Telephone number

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## PROEVENT TRANSLATION SERVICES INC

6401 WESTGATE DRIVE # 407  
ORLANDO, FL 32835

## TRANSLATION/CONFERENCES PLANERS/AUDIO VISUALS SERVICES

## 100

JUAN C PIREZ ... PRESIDENT  
6401 WESTGATE DRIVE # 407  
ORLANDO, FL 32835

JUAN C PIREZ  
6401 WESTGATE DRIVE # 407  
ORLANDO, FL 32835

JUAN C PIREZ  
6401 WESTGATE DRIVE # 407  
ORLANDO, FL 32835

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Date \_\_\_\_\_

Date \_\_\_\_\_