Po4000092613

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	⇒ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		ļ
<u> </u>	Office Use On	ly _



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TRANSMITTAL LETTER

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

SUBJECT: Electrical CRENTIONS, INC					
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
Enclosed is an origina	al and one(1) copy of the articles	of incorporation and a c	heck for :		
□ \$70.00	🖸 \$78.75	☐ \$78.75	□ \$87.50		
Filing Fee	Filing Fee	Filing Fee	Filing Fee,		
•	& Certificate of Status	& Certified Copy	Certified Copy		
			& Certificate of		
			Status		
		ADDITIONAL COR	Y REQUIRED		
FROM:	Randa Schwefel Name (Printed or typed)				
	Name (Printed or typed)				
5274 Pias Mendaux Pd					
	Address				
Lake Worth, F1 33463 City, State & Zip					
	City, State & Zip				
561-964-2354					
Daytime Telephone number					