## P04000116334

_
(Requestor's Name)
•
(Address).
(Address)
,
(City/State/Zip/Phone #)
(Orginale/Zip/i Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Certified dogles Certificates of Citatus
<b>-</b>
Special Instructions to Filing Officer:

Office Use Only



600039772326

08/10/04--01016--005 \*\*87.50

51 :1 :44 :6 - 901/ 40

## TRANSMITTAL LETTER

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

UBJECT: OH Den	nand Business Solutions, Inc. (PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
nclosed are an orig	inal and one (1) copy of the artic	cles 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	☑ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM: On	nni Tax & Financial Advisors, Inc.	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · ·
	Name	(Printed or typed)	
	110 S. Hoover Blvd., Suite 120	<u> </u>	
	_ ·· /	Address	ć
;	Tampa, FI 33609	· · · · · · · · · · · · · · · · · · ·	
•	City,	State & Zip	
:	813-281-0028	ı	
-		elephone number	· •

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