

P04000125958

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

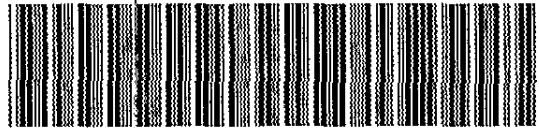
(Business Entity Name)

(Document Number)

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04 AUG 20 PM 1:15
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TRANSMITTAL LETTER

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

SUBJECT: Servicios Multiples de la Florida Central 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: Josefina Calderon
Name (Printed or typed)

3098 Stillwater Dr.
Address

Kissimmee, FL 34743
City, State & Zip

407-344-3515
Daytime Telephone number

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

04 AUG 30 PM 1:45
SECRET
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

The name of the corporation shall be:

The principal place of business/ mailing address is:

The purpose for which the corporation is organized is:

Date _____