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| (Re | questor's Name) | | | |
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| PICK-UP | ☐ WAIT | MAIL | | |
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| (Bu | siness Entity Name |) | | |
| | | | | |
| (Do | ocument Number) | | | |
| Certified Copies | Cortificator | of Ctatue | | |
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| <u> </u> | | | | |
| Special Instructions to | Filing Officer: | ,> | | |
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Office Use Only



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John 3 655

TRANSMITTAL LETTER

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

| | (PROPOSED CORPORA | Te name – <u>most incl</u> | ODE SUFFIX) | |
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| England our on owin | inal and one (1) copy of the art | iolas of incorporation and | la chaok for | |
| Eliciosed are an orig | man and one (1) copy of the art | icles of incorporation and | a check for. | |
| \$70.00 Filing Fee | ☐ \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy | Filing Fee, Certified Copy & Certificate of Status | |
| | | ADDITIONAL CO | PY REQUIRED | |
| FROM: | Aydee | Collado (Printed or typed) | | |
| 1157 SE Maxwell Lane | | | | |
| | Port St. Luc City | state & Zip | 952 | |
| | 772 · 337 | 0045 Telephone number | | |

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

ARTICLES OF INCORPORATION

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1157 SE Maxwell Land Part St. Lucie, R 34952

The name of the corporation shall be:

ARTICLE I

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

Cybercorp fervices, Incorporated