

PO4000161638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

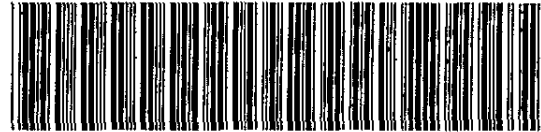
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C.J. 12/1

①

TRANSMITTAL LETTER

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

SUBJECT: WALTER F. CRAVEN, INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

MONEY ORDER

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: WALTER F CRAVEN

Name (Printed or typed)

4510 CRAVEN RD WEST

Address

JAX, FLA. 32257

City, State & Zip

904-571-4816

Daytime Telephone number

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

TO WHOM IT MAY CONCERN -

WHEN REVIEWING MY APPLICATION
FOR S-CORPORATION, IF ANYTHING IS
WRONG OR I CAN BE HELPFUL
IN ANYWAY, PLEASE CALL MY

work 904-571-4816 I will answer. My work
4-737-0683 DEPENDS ON GETTING THIS AS SOON
HOME AS POSSIBLE. I HAVE OCCUPATIONAL
LICENCES ALREADY FOR MR. OWEN
AND MYSELF IN HAND. THIS
PAPER WORK WAS SENT ONCE
ALREADY - WE GUESS IT WAS
LOST IN THE MAIL.

THANK YOU SO VERY

MUCH FOR ANY HELP
IN GETTING THIS BACK
AS SOON AS WE CAN

WALTER E. CRAVEN
PRESIDENT & OWNER

WALTER E. CRAVEN
MAY GOD BLESS

RUSSELL OWEN
SECRETARY

HAVE A BLESSED DAY