

P05000003846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100041761361

01/07/05--01009--008 **78.75

FILED
05 JAN -7 PM 4:19
TALMADGE COUNTY

FILED

C.S. 1-7

TRANSMITTAL LETTER

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

SUBJECT: BRIAN J KOBITTER DMD PA
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: BRIAN J KOBITTER
Name (Printed or typed)

7400 S R 52
Address

HUDSON, FL 34667
City, State & Zip

727-430-3489
Daytime Telephone number

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

