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TRANSMITTAL LETTER

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

SUBJECT:	X treme Referrals	TE NAME - MUST INCL	UDE SUFFIX)		
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	l 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 PPY REQUIRED		
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	2830 East Bear	SS AVE	<u> </u>	05 BR	
	1,00,00	ري State & Zip	100 m		ロニロフ
	(813) 386-3100 Daytime T	elephone number		<u> </u>	

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

ARTICLES OF INCORPORATION

ignature incorporator

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