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(Re	equestor's Name)	
(Ac	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
Special Instructions to	Filling Onlicer,	Ĭ

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SECRETARY OF STATE
VISION OF CORPORATION
OF APR IL PH I: 01

J. 7487

TRANSMITTAL LETTER

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

SUBJECT:	58/ Enterpris	ies Inc.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	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	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	
FROM:	Larry Scott Name	TINC (Printed or typed)	OS APR 14
-	11424 Universit	V Blvd. #311	ETARY OF STALL OF CORPORATION OF CORPORATION
	Orlando, Fl.	732817 State & Zip	FRATION (1:0)
-	321-436-5 Daytime To	596 elephone number	

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

correction SL& Associates Inc.

ARTICLE I

ARTICLE II

ARTICLES OF INCORPORATION

NAME

The principal place of business/mailing address is: 11424 University BlvD #310

The name of the corporation shall be:

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

PRINCIPAL OFFICE