P05000070207

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(City/State/Zip/Filotte #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
, ,				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



400054259014

05/12/05--01029--012 **70.00

FILED

SECRETARY OF STATE
FLORIDA

CJ. 5 13

TRANSMITTAL LETTER

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

SUBJECT: TRAYL	TABER, INC. (PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal 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 ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM: DC	DNNA SACCO		
	Name	(Printed or typed)	
	1111 NW 99 TERRACE	<u> </u>	
		Address	
	PEMBROKE PINES, FL 33024 City	, State & Zip	
	954-680-4818	Celephone number	

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