5000071375

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only States Lips Home #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: 5-13-05 Bottleh Work
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Office Use Only



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05/16/05--01004--001 **78.00

State of Florida Dept of Corporations P.O. Box 6327 Tallahassee, FL 32314

Sirs:

Find attached an application for Registration of Corporation of: **GENESIS TWO SONS INC.** Find enclosed payment of:

Filing Fees	\$ 35.00
Registered Agent Designation	\$ 35.00
Certified Copy	\$ 8.75
TOTAL	\$ 78.75

Please remit the Certified Copy to the address of record.

Thank You

