## P858888991508

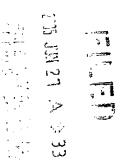
(Requestor's Name)		
(Address)		
(Address)		
(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

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State of Florida

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

Sirs:

Find attached an application for Registration of Corporation of: **DAN L. CLARK P.A.** Find enclosed payment of:

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

Please remit the Certified Copy to the address of record.

Thank You

