

PO5000095987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

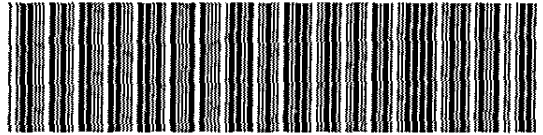
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Betty Rosback **GAVE**
AUTHORIZATION BY PHONE TO
CORRECT *Articles I, III + VII*
DATE *7/7/05*
DOC. EXAM *MRS*

Office Use Only



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TALLAHASSEE, FLORIDA
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TRANSMITTAL LETTER

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

SUBJECT: Betty J. Rossbach, P.A.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Betty J. Rossbach, P.A.
Name (Printed or typed)

2517 6th Court East
Address

Ellenton, FL 34222
City, State & Zip

941 447-9436
Daytime Telephone number

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

