P05000101002

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
Thomas Turns				
(Business Entity Name)				
(Document Number)				
·-				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special metadolione to 1 ming officer.				
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Office Use Only				
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OS JUL 19 FM 2: 09
William STANSONS

OS JUL 19 PH 2: 19

TRANSMITTAL LETTER

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

SUBJECT: = SALE LYSHO EXOTIC ADDRESS (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
	(PROPOSED CORPORAT		DE SUFFIX)	
\$70.00 Filing Fee	Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM: Trans Ha Williams Name (Printed or typed)				
8754 Miles Johnson Rd Address				
	1 KI 32301			

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

City, State & Zip

Daytime Telephone number

Signature/Incorporator