

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to 7 ming Structs.

Office Use Only



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## **COVER LETTER**

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

SUBJECT: 10	EEP IT KIEA (PROPOSED CORPOR	N KAR 4	JASH, ZJC,
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\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL C	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED
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NOTE: Please provide the original and one copy of the articles.

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-	TALL A	HAUSEV,	FL 3	230/			
ART	ICLE VI	REGISTER	ED AGENT				
The <u>n</u>	ame and Flo	rida street add	ress (P.O. Box I	NOT acceptable	) of the registered a	agent is:	
LA	SURANCE	f Mc G	PIFF				
16	122 S.	MONR	of St	feet	TA LLAHAS	SSEE , FL	3231
ART	ICLE VII	INCORPOR	ATOR			•	
The n	ame and add	ress of the Inco	rporator is:	I T	In wall		
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Having certifica	been named as ate, I am familio	registered agent to rewith and accept	*********** o accept service of the appointment as	*********** process for the abo registered agent a	**************************************	******************** at the place designated capacity	**** in this
1	n m	A 21				9/22/-	
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