

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s 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: LA RAZA HISPANA 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

