

PO6000024863

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

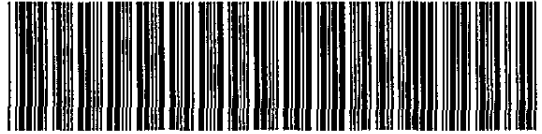
(Business Entity Name)

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STATE OF
FLORIDA
TALLAHASSEE, FLORIDA

06 FEB 16 PM 12:49

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2006 FEB 20 2006

COVER LETTER

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

SUBJECT: DR ASHLEY M. TA and ASSOCIATES, 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

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: ASHLEY TA
Name (Printed or typed)

2655 Gulf to Bay Blvd
Address

Clearwater, FL 33759
City, State & Zip

(727) 376-8012
Daytime Telephone number

SECRET
TALLAHASSEE, FLORIDA

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

