## P06000044520

(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:	7
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Office Use Only



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CLASS AND CONTRACTOR

State of Florida Dept of Corporations P.O. Box 6327 Tallahassee, FL 32314

Sirs:

Find attached an application for Registration of Corporation of: BILLE CABINET

## **INSTALLATION CORP**

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

