## PO 6000047404

(Requestor's Name)	_
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	-
(Document Number)	_
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	
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Office Use Only

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06 MAR 31 PH 2: 5

J. Shivers APR 03 2006

## TRANSMITTAL LETTER

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

SUBJECT: OUR LO	ORDS INC.			
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE ŞUFFIX)	
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	a check for:	
\$70.00	<b>□</b> \$78.75	<b>☑</b> \$78.75	\$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
<b>-</b>	& Certificate of Status	& Certified Copy	Certified Copy	
			& Certificate of	
			Status	
			PY REQUIRED	
FROM: JO	SEPH AGBORO			
	Nam	e (Printed or typed)	<b>2&gt;</b> 59	
				96
	5500 S.W. 32 STREET #S			06 MAR
•		Address	<del></del> 53:- :	ಸಾ 💂

HOLLYWOOD, FL. 33023

(954)962-7382

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

City, State & Zip

Daytime Telephone number

