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(Re	questor's Name)		
(Ad	dress)		
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(Cit	ty/State/Zip/Phone #)	,	
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Name)		
(Do	cument Number)		
Certified Copies	_ Certificates of	Status	
Special Instructions to	Filing Officer:		
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COVER LETTER

FILED

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 06 MAY -1 AM 9:58

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Good (PROPOSED CORPORATE NA SUBJECT: _

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

S70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	PO Box 1	Printed or typed)	<u>Y</u>	
	Ff White	<u>F1 300</u> State & Zip	38	
	352-4 Daytime Te	494 - 8311 Stephone number	<u></u> ********************************	. . .

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

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

