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(Requestor's Name)				
(Address)				
(Ac	ldress)			
(Ci	ty/State/Zip/Phon	ne #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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TRANSMITTAL LETTER

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

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S70.00 Filing Fee	al and one(1) copy of the artic \$ \$78.75 Filing Fee & Certificate of Status	Signature of incorporation and a Signature of incorporation and a Signature of Sign	S87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	Name (F	JOR60 = VO Princed or typical) $W = (4)lec$ Address	
•	,	F/ 33/3) ⁻ State & Zip	

COLOR DESIGNER CABINET

(Proposed corporate name - must include suffix)

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

Daytime Telephone number