

90700008953

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

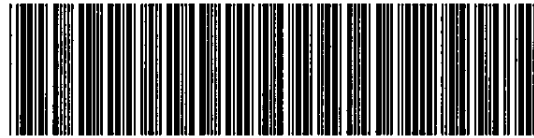
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500106482155

07/24/07--01044--002 **78.75

FILED
07 JUL 24 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/25
2007

COVER LETTER

TAX ID
26-0462332

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

SUBJECT: COLLISION CONNECTION INC.
(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: COLLISION CONNECTION INC.
Name (Printed or typed)

1051 (A) EAST 32 STREET
Address

HIALEAH, FLORIDA 33013
City, State & Zip

(305)696-5344
Daytime Telephone number

! Please Return Certificate Back In Priority Envelope. Thank you. !

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

*for any questions? (305)218 1363
CALL*