## P0800069554

	(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:
	<b>\</b>
	Office Use Only
	11/1



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## **COVER LETTER**

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

SUBJECT: BARRETER BULLER SUBJECT: PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM:

Name (Printed or typed)

Addrage

Tampa P 32

713-300-7702

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

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	LES OF INCORPORATION INCORPORATION INCOME. LES OF AUGUST 1985 AUGU		rofit)	B NOV -
ARTICL The name	EI NAME of the corporation shall be ERECE RUNI	E SERVICE	s, Inc.	ED 6 PH 4: 25 RY OF STATE SEE, FLORIBA
ARTICL The purpo	pal <u>street</u> address and man EAST TSKIM M, HOLLA 33	iling address, if different is  OFWENDE  GOY  tion is organized is:	Do Body 4 Tampa, Flo	Bacely class Taus 6731 211A 33646
ARTICL The numb	er of shares of stock is:	000		
MARGE BCICE WICE ARTICL The name RUG	es), address(es) and speci with theres — ely Ciess — president evi register	Presilont Wore: Po box <u>ed agent</u>		•
ARTICL The name BELS PO E TAM	INCORPORA  and address of the Incorporation  Ciese Incorporation  A	porator is: NEE 3GYC *******	********	******
			the above stated corporation at ent and agree to act in this capa .\	
Kud	ph Haris Signature/Registere	d Agent Aquioco	_ Novemb	Date 4 /08
	Signature/Incorpo	orator		Date