P0900005431

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
. (Bu	isiness Entity Nar	me)
(Do	ocument Number)	· · · · · · · · · · · · · · · · · · ·
, a	,	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer	
Special instructions to	r ming Omcer.	

Office Use Only



200139449862

01/13/09--01016--003 **78.75



COVER LETTER

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

SUBJECT:	PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)	Tracing
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	5125 BiR	Printed or typed) - KSP HSP Address		
	(904) 781 -	State & Zip 97 31 elephone number	331 <u>7</u>	

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

Signature/Incorporator