

PO9000053103

(Requestor's Name)

(Address)

(Address)

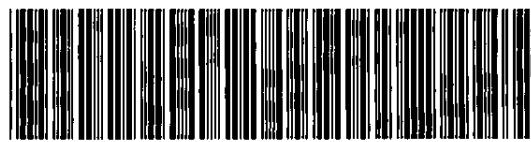
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

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COVER LETTER

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

SUBJECT: Best Friends Associates, 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 \$78.75
Filing Fee Filing Fee
 & Certificate of Status

\$78.75 \$87.50
Filing Fee Filing Fee,
 & Certified Copy Certified Copy
 & Certificate of & Certificate of
 Status Status

ADDITIONAL COPY REQUIRED

FROM: Kim D. Fahey
Name (Printed or typed)

998 Autumn Glen Ln.
Address

Casselberry, FL 32707
City, State & Zip

407-699-1318
Daytime Telephone number

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

