(Requestor's Name) (Address)	400184023014
(Address)	400104023014
(City/State/Zip/Phone #)	08/09/1001032006 **78.75
(Business Entity Name)	
(Document Number)	
tified Copies Certificates of Status	~~~
pecial Instructions to Filing Officer:	FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: VMH & ASSOCIATES CONSULTING INC

X \$78.75

(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

Filing Fee & Certificate of Status

\$78.75	\$87.5 0
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
ADDITIONAL CO	PY REQUIRED
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FROM: Sylvester Spinetta

Name (Printed or typed)

825 SW RUSTIC CIRCLE

Address

Stuart FI 34997

City, State & Zip

561-354-8735

Daytime Telephone number

vmhassociates@earthlink.net

E-mail address: (to be used for future annual report notification)

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

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