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COVER LETTER

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

SUBJECT: Law Offices of Ashley Severance P.A.

321-271-6227

sevlaw@gmail.com

SCINDOT.	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l 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 CO	DFT REQUIRED	
FROM: Asl	nley Severance			
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226	Monaco Rd		2010 AUG 24 SECRETARY ALLAHASSE	
		Address	ETA HAS	Alternative Automateur Automateur Automateur Automateur Automateur Automateur Automateur Automateur Automateur Automateur Automateur Automateur Automateur Automateur Automateur Automateur Automateur Automateur Automateur
Mel	bourne, Florida 32904		m _{es}	125
	City	, State & Zip	<u> </u>	₩ 1

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

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