

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Na	me)		
(Do	cument Number	)		
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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DIMISION OF CRAPORATION



## **COVER LETTER**

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

SUBJECT:	LAURA Fellows		
<del></del>	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
FROM:	LAURA Fello Name	ついら (Printed or typed)	
	15801 Cour	ntry Lake	Drive
	TAMPA, FL	_ 3362 <sup>L</sup> State & Zip	<del>/</del>
		62-8653 elephone number	
	E-mail address: (to be used	ows@ 1791 for future annual report	notification)

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME The name of the corporation	-	LA	iura Fel	lows,	Inc Py 10 Py 40
	CIPAL OFFICI			M	Vailing address, if different is:
LAURA Fello	ws				
15801 Count	rry Lake	_ Deive	2		
Tampa; F	L 336	24			
ARTICLE III PURPO The purpose for which the	OSE corporation is c	organized is:	Rose E	Gard	en Maintenance
	AL OFFICERS		DIRECTORS US, PLES Na	me and Title:	
Address _		Coun-	try Laked		
Name and Title:_			Na	me and Title:_	
Address _			Ad	dress:	
-			<del></del>	_	
Name and Title:_			Na:	me and Title:_	
Address _			Ad	dress: _	
_			<del></del>	-	<del> </del>