

PIS 000050575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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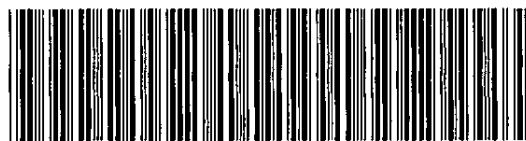
(Business Entity Name)

(Document Number)

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COVER LETTER

Department of State
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SUBJECT: SMART LOCAL, 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
 Status
ADDITIONAL COPY REQUIRED

FROM: Cassandra Bower

Name (Printed or typed)

6102 MacDill Ave. S. Ste. G

Address

Tampa, FL 33631

City, State & Zip

813-902-9000

Daytime Telephone number

Cassandra@smartlocal.co

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

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