

PD 600000/9886

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 FEB -7 AM 9:26

EFFECTIVE DATE
2/1/06

MRS
2/13

COVER LETTER

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

SUBJECT: La Casita Mexican Food 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
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 COPY REQUIRED

FROM: SYLVIA PORTUGAL

Name (Printed or typed)

12555 U. S. HWY 90 WEST

Address

DEFUNIAK SPRINGS, FL 32433

City, State & Zip

850) 978-0067

Daytime Telephone number

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

