Fictitious Name to be Registered (see instructions if name includes "Corp" or 205 (actus St	inc)	2242400 04	
		09 MAY 29 PM	1 2: 34
Mailing-Address of Business ADCONASSER PL 3230	9	SEURETARY OF STATE TALLAHASSEE, FLORIDA	
City State Zip Code 3. Florida County of principal place of business:	<u> </u>	GOSODO111 06/01/0901001002	673 **50.00
(see instructions if more than one county)		This space for office u	use only
A. Owner(s) of Fictitious Name If Individual(s): (Use an a	ittachment	if necessary):	
1. Last Co. First M.I.	2. Last	First	M.I.
Address Tallahassee, Cl 30304	Address	i	<u> </u>
City State Zip Code	City	State	Zip Code
Entity Name Address	Entity N	W (5/N)	
City State Zip Code	City	State	Zip Code
Florida Registration Number		da Registration Number	
FEI Number: Not Applicable	FEIN	Number: Not Ap ☐ Applied for ☐ Not Ap	oplicable
(we) the undersigned, being the sole (all the) party(ies) owning interest in the strue and accurate. In accordance with Section 865.09, F.S., I (we) understande under eath. (At Least One Signature Required)	tand that the sig	s name, certify that the information indic gnature(s) below shall have the same le e of Owner Date	cated on this form
Phone Number:	Phone Number:		
FOR CANCELLATION COMPLETE SECTION 4 ONLY: FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COM	IPLETE SE	CTIONS 1 THROUGH 4:	

Signature of Owner Date

Signature of Owner

Date

Mark the applicable boxes \Box Certificate of Status — \$10

☐ Certified Copy — \$30