

2009-06-21 10:44

SUPREME STEAM

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(305)675-9213

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

Section 1

1. Fictitious Name to be Registered (see instructions if name includes "Corp" or "Inc")

 Mailing Address of Business

 City State Zip Code

 3. Florida County of principal place of business: _____

 (see instructions if more than one county)
 FEI Number: _____

G09000137569
07/22/09--01039--005 **50.00

This space for office use only

Section 2

A. Owner(s) of Fictitious Name if Individual(s): (Use an attachment if necessary):

1. Last First MI. Address City State Zip Code

2. Last First MI. Address City State Zip Code

B. Owner(s) of Fictitious Name if other than an individual: (Use attachment if necessary):

1. Entity Name Address City State Zip Code Florida Document Number FEI Number

 Applied for Not Applicable

2. Entity Name Address City State Zip Code Florida Document Number FEI Number

 Applied for Not Applicable

Section 3

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. In accordance with Section 865.09, F.S., I (we) further certify that the fictitious name shown in Section 1 of this form has been advertised at least once in a newspaper as defined in chapter 50, Florida Statutes, in the county where the applicant's principal place of business is located. I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

Signature of Owner Date E-mail address: (to be used for future renewal notification)

Phone Number: _____

Section 4

**FOR CANCELLATION COMPLETE SECTION 4 ONLY:
 FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:** AV

I (we) the undersigned, hereby cancel the fictitious name Adviser Global Association, which was registered on 5-29-09 and was assigned registration number G09000111673

Signature of Owner Date Signature of Owner Date
 _____ 7/2/09 _____

Mark the applicable boxes Certificate of Status — \$10 Certified Copy — \$30

NON-REFUNDABLE PROCESSING FEE: \$50