

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

## Please type or print legibly. Instructions are included on back of application.

2013 FF.
NAME sundersigned usiness Name.
ication.
lersigned use(s) in the transaction of
of the entity or individual(s) doing e: <u>Complete Address</u>
189 S. Orange Ave, Ste 970, Orlando, FL 32801
der the assumed business name is: and Public Utilities  Submit Certificate of Assumed Business Name and \$25.00 fee to:
Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
t .
Secretary of State use only

abn.pmd Rev. 07/2010

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Capacity/Title:\_\_\_

Signature:

Printed Name: