

Registered No. RE133006499US		Date Stamp OCT 14 2021
To Be Completed By Post Office	Postage \$ \$1.96	Extra Services & Fees (continued)
	Extra Services & Fees	<input type="checkbox"/> Signature Confirmation
	<input type="checkbox"/> Registered Mail \$ \$13.75	\$
	<input type="checkbox"/> Return Receipt (hardcopy) \$ \$3.05	<input type="checkbox"/> Signature Confirmation Restricted Delivery
	<input type="checkbox"/> Return Receipt (electronic) \$ \$0.00	\$
	<input type="checkbox"/> Restricted Delivery \$	Total Postage & Fees \$ 18.76
Customer Must Declare Full Value \$ \$0.00	Received by 10/14/2021	Domestic Insurance up to \$50,000 is included based upon the declared value. International indemnity is limited. (See Reverse).
OFFICIAL USE		
ORLANDO, FL 32803		
To Be Completed By Customer (Please Print) All Entries Must Be in Ballpoint or Typed	FROM	Labor Forge - A.R.R.
		821 Herndon Avenue # 149853
		Orlando, Florida 32814
	TO	Office of Governor Ronald DeSantis
		State of Florida 32399 The Capitol
		400 South Monroe Street Tallahassee, Florida 32399-0001
PS Form 3806, Registered Mail Receipt April 2015, PSN 7530-02-000-9051 For domestic delivery information, visit our website at www.usps.com		Copy 1 - Customer (See Information on Reverse)

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Office of Governor Ronald DeSantis State of Florida The Capitol 400 South Monroe Street Tallahassee, Florida 32399-0001		B. Received by (Printed Name) [Signature]	C. Date of Delivery NOV 24
2. Article Number (Transfer from service label) RE 133 006 499 US		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
 9590 9402 6946 1104 2811 38		3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	