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(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
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(Doc	cument Number))
Certified Copies	_ Certificate:	s of Status
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2544-W1300039835



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or 8/13/13

COVER LETTER

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

inclosed are an origi	nal and one (1) copy of the ar	ticles of incorporation and	l a abaak fam
		r	i 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 CO	PY REQUIRED
	atka Dimova	ADDITIONAL CO	Status

ROM. Zla	atka Dimova
	Name (Printed or typed)
43	51 Tomlinson Cir.
	Address
Or	lando, FL 32829
<u></u>	City, State & Zip
(31	12)363-7765
	Daytime Telephone number
Mili	man.Freitz@yahoo.com E-mail address: (to be used for future annual report notification)

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

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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 15, 2013

ZLATKA DIMOVA 4351 TOMLINSON CIRCLE ORLANDO, FL 32829

SUBJECT: PALM ISLANDS, INC. Ref. Number: W13000039835



We have received your document for PALM ISLANDS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 913A00017230

DIVISION OF CORPORATION

ARTICLES OF INCORPORATION

· In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILEU SECRETARY OF STATE The name of the corporation shall be: MILMAN FREIGHTZ, INC DIVISION OF CORPORATIONS 13 AUG - 5 AM 8: 41 Mailing address, if different is: PRINCIPAL OFFICE Principal street address 4351 Tomlinson Cir. Orlando, FL 32829 The purpose for which the corporation is organized is: _ TRANSPORTATION ARTICLE IV SHARES The number of shares of stock is: INITIAL OFFICERS AND/OR DIRECTORS ARTICLE V Name and Title: Zlatka Dimova - Owner Name and Title: 4351 Tomlinson Cir. Address Address: Orlando, FL 32829 Name and Title: Name and Title: Address Address: Name and Title: Name and Title: Address Address:

Name ar	nd Title:	Name and Title:	
Addres		Address:	_
			_
ARTICLE VI	REGISTERED AGENT		
The <u>name and F</u>	Florida street address (P.O. Box NOT acceptable) o	of the registered agent is:	
Name:	MILEN MINKOV		
Address:	4351 TOMLINSON CIR.	_	
	ORLANDO, FL 32829		
ARTICLE VII	INCORPORATOR		
The name and a	ddress of the Incorporator is:		
Name:	ZLATKA DIMOVA	_	
Address:	4351 TOMLINSON CIR.	<u> </u>	
	ORLANDO, FL 32829	<u> </u>	
	med as registered agent to accept service of proces am familiar with and accept the appointment as re	ss for the above stated corporation at the place designa egistered agent and agree to act in this capacity	ted in
MILE	N Massal	08/02/2013	
<u>, , , , , , , , , , , , , , , , , , , </u>	Required Signature/Registered Agent	Date	_
	cument and affirm that the facts stated herein are Department of State constitutes a third degree felo	e true. I am aware that the false information submitted ony as provided for in s.817.155, F.S.	in a
dat	res Domora	08/02/2013	
	Required Signature/Incorporator	Date	_
	``		

SECRETARY OF STATE OR FORATIONS

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