

N14000008959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

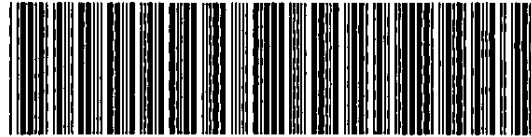
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/25/14--01004--003 \*\*70.00

STATE OF OHIO  
701 Andrew Johnson

14 SEP 25 PM 3:02

APPROVED  
AND  
FILED

1/4

## COVER LETTER

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

**SUBJECT:** Travis Miller Foundation Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and 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

**ADDITIONAL COPY REQUIRED**

**FROM:** Nick Lee

Name (Printed or typed)

2411 Fleischmann Rd.

Address

Tallahassee, FL 32308

City, State & Zip

850-386-4622

Daytime Telephone number

nick@millersplumbing.com

E-mail address: (to be used for future annual report notification)

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

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

APPROVED  
AND  
FILED

**ARTICLE I NAME**

The name of the corporation shall be: Travis Miller Foundation Inc.

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
2411 Fleischmann Rd.

Tallahassee, FL 32308

SECRETARY OF STATE  
MAILING ADDRESS, IF DIFFERENT IS: FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to assist with educational needs of individuals and/or organizations for advancement within the construction industry.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: shall be by  
majority vote by the Board of Directors.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Heath Miller, Director  
Address: 2411 Fleischmann Rd.  
Tallahassee, FL 32308

Name and Title: Jenny Miller, Director  
Address: 2411 Fleischmann Rd.  
Tallahassee, FL 32308

Name and Title: Austin Wright, Director  
Address: 2411 Fleischmann Rd.  
Tallahassee, FL 32308

Name and Title: Sarah Kathryn Wright, Director  
Address: 2411 Fleischmann Rd.  
Tallahassee, FL 32308

Name and Title: Nick Lee, Director  
Address: 2411 Fleischmann Rd.  
Tallahassee, FL 32308

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

APPROVAL  
AND  
FILED

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_ 14 SEP 25 PM 3:02

\_\_\_\_\_  
\_\_\_\_\_

SECRET  
OFFICE OF THE STATE  
ATTORNEY GENERAL

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Nick Lee

Address: 2411 Fleischmann Rd.  
Tallahassee, FL 32308


**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Nick Lee

Address: 2411 Fleischmann Rd.  
Tallahassee, FL 32308

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature of Registered Agent

9/24/14  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
Required Signature of Incorporator

9/24/14  
Date