# PHHAD48745

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

MILVIC, INC

**SUBJECT:** 

80003250568——\$
-05/12/00--01066--001
\*\*\*\*236.25 \*\*\*\*\*78.75

(Proposed corporate name - must include suffix)

Enclosed is an origina	al and one(1) copy of the articl	es of incorporation and a	check for:
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	☑\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	DEBORAH OLECK  Name (Printed or typed)  ALCRE  118 RIDGEWOOD AVENUE  Address		OD MAY 12 AN SECRETAIN OF FALLAHARS ET
	904-252-7908	32117 , State & Zip	
	Daytime	Telephone number	

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

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# ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

### ARTICLE I NAME

. The name of the corporation shall be:

MILVIC, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

118 RIDGEWOOD AVENUE HOLLY HILL FL 32117

### <u>ARTICLE III SHARES</u>

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

5,000

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

DEBORAH OLECK 118 RIDGEWOOD AVENUE HOLLY HILL FL 32117

## ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

ROSE JAFFE

118 RIDGEWOOD AVENUE

DEBORAH OLECK

HOLLY HILL FL

Signature/Incorporator

Date

32117\_

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(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature/Registered Agent

Date