

TRANSMITTAL LETTER

P0100000 4599

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

600003530466--0  
-01/10/01--01007--002  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: LOUIS J. MILLER, 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 of  
Status

ADDITIONAL COPY REQUIRED

FROM: LOUIS J. MILLER  
Name (Printed or typed)

4927 WISHART BLVD.  
Address

TAMPA, FLORIDA 33603  
City, State & Zip

813-232-1204  
Daytime Telephone number

FILED  
01 JAN - 9 PM 4:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

2

1-11-01

# LOUIS J. MILLER, INC. ARTICLES OF INCORPORATION

FILED  
01 JAN -9 PM 4:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE I NAME

The name of the corporation shall be: LOUIS J. MILLER, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 4927 WISHART BLVD. TAMPA, FLORIDA 33603.

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THE SALES AND REPAIR OF COMPUTERS.

## ARTICLE IV SHARES

The number of shares of stock is: FIVE HUNDRED SHARES.

## ARTICLE V INTIAL OFFICER

The name and address of the president is: LOUIS J. MILLER. 4927 WISHART BLVD. TAMPA, FLORIDA 33603.

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of registered agent is: LOUIS J. MILLER 4927 WISHART BLVD. TAMPA, FLORIDA 33603.

## ARTICLE VII INCORPORATOR

The name and address of Incorporator is: LOUIS J. MILLER 4927 WISHART BLVD. TAMPA, FLORIDA 33603

.....  
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.

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date