1701000024061 TRANSMITTAL LETTER

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

	•	
SUBJECT:	Patricia K. Miller P.A.	
	(proposed corporate name)	
		•
•		
Enclosed pleas	e find an original and one (1) copy of the articles of inco	ornoration for the
above corporal	ilon and check in the amount of \$ 78.75	siporadori for the
	•	
•		TALS O
FROM:	Patricia K. Miller	LAHA LAHA
	Name	
	39650 U.S. 19 North #331	
	Address	AM E.O
	Tarpon Springs, FL., 34689	FL0
	City, State, & Zip	: 26 PATE
	(727) 937- 7640	A Or
	Telephone Number	

Note: Additional copy of articles is needed only when certified copy is requested.

74/8/07

ARTICLES OF INCORPORATION 01 MAR -5 AM 9: 26

OF

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Patricia K. Miller P.A.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorpora-

ARTICLE I NAME

The name of the corporation shall be:

Patricia K. Miller P.A.

ARTICLE II PRINCIPAL OFFICE

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

39650 U.S. 19 North Tarpon Springs, FL., 34689

ARTICLE III **CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding

500 shares @ \$1.00 per share

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Patriciak. Miller 39650 U.S. 19 North Tarpon Spings, FL., 34689

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Patricia K. Miller 39650 U.S. 19 North #331 Tarpon Springs, FL., 34689

ARTICLE VI NATURE OF BUSINESS

The nature of business of the Professional Association shall be: Real Estate Sales.

This filing is in accordance with Florida Statures, Chapter 621.

The undersigned has(have) executed these	Articles of Incorporation this
1stday ofMarch	, %9 _2001.
Patri	Signature/Title
	Signature/Title
	Signature/Title

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the tate of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

7,	The name of the corporation is: Patricia K. Miller P.A.
2.	The name and address of the registered agent and office is:
	Patricia K. Miller (NAME)
	(NAME)
	39650 U.S. 19 North #331
	39650 U.S. 19 North #331 (P.O. BOX NOT ACCEPTABLE)
	Tarpon Springs, FL., 34689
	(CITY/STATE/ZIP)
	· · · · · · · · · · · · · · · · · · ·
	SIGNATURE Formicia K Melly
	(corporate officer)
	TITLE President
	DATE 3-01-0 /
НΛ	VINIO DEEN ALARAMA
PR	VING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF
THI	IS CERTIFICATE LUEDEDY ACCOUNT ON AT THE PLACE DESIGNATED IN
AN: PRO	D AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE OVISIONS OF ALL STATUTES BELATING TO THE PROPER ALL
FOI	MANCE OF MY DITTIES AND LINES OF THE PROPER AND COMPLETE PER-
TIO	NS OF MY POSITION AS REGISTERED AGENT.
	SIGNATURE Tatricia K. Melle
	DATE 3-01-01
	The state of the s

REGISTERED AGENT FILING FEE: \$35.00