

TRANSMITTAL LETTER

**PD1000075323**

DEPT. OF STATE  
DIVISION OF CORPORATIONS  
P. O. Box 6327  
Tallahassee, FL 32314

FILED  
JUL 30 AM 8:35  
TALLAHASSEE, FLORIDA

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-07/30/01--01114--004  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: MILPOWSKA TRANSPORTATION 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: BRIDGETTE POW  
Name (Printed or typed)

6121 PERRINE DRIVE  
Address

ORLANDO FLORIDA 32808  
City, State & Zip

407-445-4330 / cell # 347-528-8409  
Daytime Telephone number

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

# ARTICLES OF INCORPORATION

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

## ARTICLE I NAME

The name of the corporation shall be:

MILPOWSKA TRANSPORTATION INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6121 PERRINE DRIVE  
ORLANDO FL. 32808

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TRANSPORT MEDICALLY DISABLED PATIENT IN NON-EMERGENCY  
WHEEL-CHAIR VANS.

## ARTICLE IV SHARES

The number of shares of stock is:

200.

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

SHERLYL MILLER (Sec.)  
6121 PERRINE DR.  
ORL. FLA 32808

KEISHA POW-MILLER (Treasurer)  
6121 PERRINE DR.  
ORL. FLA 32808

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

BRIDGETTE POW (President)  
6121 PERRINE DR.  
ORL. FLA 32808

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

BRIDGETTE POW (PRES)  
6121 PERRINE DR.  
ORL FLA 32808

\*\*\*\*\*  
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

Bridgette Pow  
Signature Registered Agent

072501  
Date

Bridgette Pow  
Signature Incorporator

072501  
Date

FILED  
01 JUL 30 AM 8:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA