P03 0000 62988

(R	equestor's Name)		
(A	ddress)		
(A	ddress)		
(C	ity/State/Zip/Phon	e #)	
PICK-UP	TIAW	MAIL	
(B	usiness Entity Nar	ne)	
(D	ocument Number)		
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			
Office Lise Only			



100019198191

06/04/03--01044--003 **87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OR 11191 - 4 NH 9: 54

TRANSMITTAL LETTER

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

Enclosed are an orig	inal and one (1) copy of the artic	eles 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:	Richard A. Name (Milano Printed or typed)	
-	P.O. Box	27 <u>}</u>	
-	Groveland	FL. 34	736
	(407) aug	0330	

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

Daytime Telephone number

ARTICLES OF INCORPORATION	学 图			
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	3 E			
ARTICLE I NAME The name of the corporation shall be: Milano Auto Transporta	hor, There are a series of the			
ARTICLE II PRINCIPAL OFFICE Physical: 16618 Dougs	as Rd of 9			
The principal place of business/mailing address is: Grovelord, f2				
Mailing: P.O. Box	919			
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	Fc. 34736			
To engage in the Automobile related Services, such a	s, transportation,			
repairs, paintless dent removal, detailing, fainting, and ARTICLETY SHARES related to Automobiles.	any other			
The number of shares of stock is:				
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)				
The name(s), address(es) and title(s):	ident, Treasurer			
Richard A. Milano - P.O. Box 272 Presi Groveland, Fz 34736	ident, 11245ard			
Denise L. Milano - Po. Box 272 Grordond, FL 34736 - So ARTICLE VI REGISTERED AGENT	ecretary			
The name and Florida street address of the registered agent is:				
Denise L. Milano				
ludis Pousias Rd				
ARTICLE VII INCORPORATOR				
The <u>name and address</u> of the Incorporator is:				
Pichard A. Milano P.O. Box 272				
C++++++++++++++++++++++++++++++++++	**			
Having been named as registered agent to accept service of process for the above stated corporation at the certificate, I put familiar with and accept the appointment as registered agent and agree to act in this capacit				
Signature/Registered Agent 5/39/	<u>03</u> te			
15 Clote 5 5/29/	103			
Signature/Incorporator Da	te			