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(Re	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	Certificates	of Status		
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COVER LETTER

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

SUBJECT: Milestone Custom Remodeling, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (!) copy of the artic	eles of incorporation and a	check for:
▼ \$70.00	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate o Status
	ADDITIONAL COP	Y REQUIRED
FROM: Mladen Drakulic	(Printed or typed)	
171 Tracy Rd		
Α,	Address	
Lake Mary, Fl. 32746	State & Zip	
407-415-1882	elephone 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:

Milestone Custom Remodeling, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

171 Tracy Rd. Lake Mary, Fl. 32746

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any legal and For Profit business enterprise

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Mladen Drakulic - P,VP,T,S,D

171 Tracy Rd

Lake Mary, Fl. 32746

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Mladen Drakulic

171 Tracy Rd

Lake Mary, Fl. 32746

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Mladen Drakulic

171 Tracy Rd

Lake Mary, Fl. 32746

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

X	While		10/04/2005	
	Signature/Registered Agent		Date	
X	Well	, <u></u> 3.	10/04/2005	
-	Signature/Incorporator		Date	