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(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	<b>→</b> #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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## **COVER LETTER**

FILED

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

07 JAN -9 PM 2: 25

SECRETARY OF STATE TALLAMASSEE, FLORIDA

SUBJECT:	Albert S.		TR (1)
	(PROPOSED CORPORA	TE NAME— <u>MUST INCL</u>	<u>ude suffix</u> )
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	a check for:
<b>570.00</b>	<b>[</b> ]\$78.75	<b>\$78.75</b>	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
<b>G</b>	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of
		ADDITIONAL CO	Status
		ADDITIONAL	T REQUIRED
		·	
FROM:			
	Name	(Printed or typed)	
	Albert	S.C. Millar Jr.	
	4627	Addiesport Florida 32233	<del></del>
	Office 704.24	23 / Fax 904.246,7017	
	Alber	tos.C. Millar Jr.	<del> </del>
		Street, Mayport Florida 3223	
		1-246-5323 / East 994-246.7017	

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

Albert S.C. Millar Jr. 4627 Ocean Street, Mayport Florida 32233 Office 904.246.5323 / Fax 904.246.7017

## ARTICLES OF INCORPORATION

FILED

ARTICLE I NAME

Albert S. C. Millar, P.A.

97 JAN -9 PM 2: 25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

4627 Ocean Street, Mayport, Florida 32233

ARTICLE III PURPOSE

To Engage in the Practice of Law and Any Other Lawful Business

**ARTICLE IV SHARES** 

500 Shares, \$1.00 Par Value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Albert S. C. Millar, President and Secretary Treasurer This is a Non Director Corporation, There are No Directors

ARTICLE VI REGISTERED AGENT

Albert S. C. Millar 4627 Ocean Street, Mayport, Florida 32233

ARTICLE VII INCORPORATOR

Albert S. C. Millar 4627 Ocean Street, Mayport, Florida 32233

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

Signature/Incorporator

Date

Date