

P07000052953

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

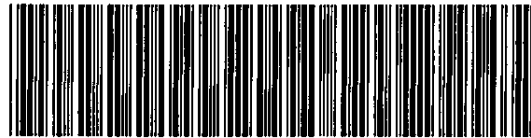
(Document Number)

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FILED  
2007 MAY -2 PM 12:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** Millien Enterprises, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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:** Katia Millien

Name (Printed or typed)

900 NE 205th Street

Address

Miami, FL 33179

City, State & Zip

786-877-8688

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:

Millien Enterprises, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

41 NW 190 Street  
Miami, FL 33169

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To provide services in medical and retail field for profit.

**ARTICLE IV SHARES**

The number of shares of stock is:

1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Katia Millien  
900 NE 205 Street  
Miami, FL 33179  
President

**ARTICLE VI REGISTERED AGENT**

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

Katia Millien  
900 NE 205 Street  
Miami, FL 33179

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Katia Millien  
900 NE 205 Street  
Miami, FL 33179

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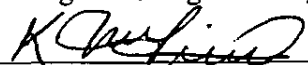
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Signature/Registered Agent

4/26/2007

Date



Signature/Incorporator

4/26/2007

Date

2007 MAY -2 PM 12:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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