

P08000034944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

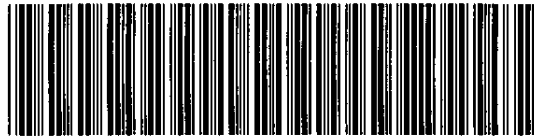
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

208-10066

Office Use Only



000118602510

02/25/08--01040--004 **87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 APR -4 PM 4:25

FILED

T. Burch APR 7 2008

COVER LETTER

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

SUBJECT: Law Office of Lavinia N. McMillen, P.A.
(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: Lavinia N. McMillen
Name (Printed or typed)

P.O. Box 568396
Address

Orlando, FL 32856-8396
City, State & Zip

(407) 951-6630
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 26, 2008

LAVINIA N. MCMILLEN
PO BOX 568696
ORLANDO, FL 33856-8396

SUBJECT: LAW OFFICE OF LAVINIA N. MCMILLEN, P.A.
Ref. Number: W08000010066

We have received your document for LAW OFFICE OF LAVINIA N. MCMILLEN, P.A. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 608A00011923

RECEIVED
08 MAR -6 AM 8:00
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 7, 2008

LAVINIA N. MCMILLEN 2ND ML
647 W MICHIGAN STREET
ORLANDO, FL 32805

SUBJECT: LAW OFFICE OF LAVINIA N. MCMILLEN, P.A.
Ref. Number: W08000010066

We have received your document for LAW OFFICE OF LAVINIA N. MCMILLEN, P.A. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 608A00011923

RECEIVED
08 MAR 19 AM 8:00
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

08 APR -4 AM 8:00

DIVISION OF CORPORATIONS

March 21, 2008

LAVINIA N. MCMILLEN 3rd ML
PO BOX 568396
ORLANDO, FL 32856-8396

SUBJECT: LAW OFFICE OF LAVINIA N. MCMILLEN, P.A.
Ref. Number: W08000010066

We have received your document for LAW OFFICE OF LAVINIA N. MCMILLEN, P.A. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different than the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 608A00011923

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:

Law Office of Lavinia N. McMillen, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Mailing Address
P.O. Box 568396
Orlando, FL 32856-8396

Principal Office
1595 Hanks Ave.
Orlando, FL 32814

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Law firm

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):

Lavinia N. McMillen Director/President
P.O. Box 568396
Orlando, FL 32856-8396

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 APR -4 PM 4: 25

FILED

ARTICLE VI REGISTERED AGENT

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

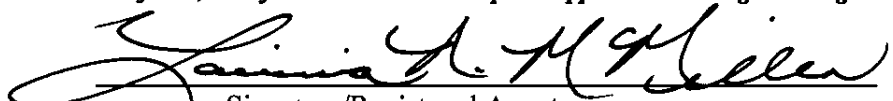
Lavinia N. McMillen, Esquire
1595 HANKS AVE.
Orlando, FL 32814

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Lavinia N. McMillen
P.O. Box 568396
Orlando, FL 32856-8396

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

2-22-08
Date

2-22-08
Date