

PD8000/00302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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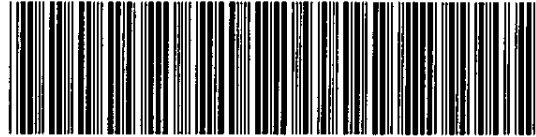
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: ~~Jennifer Mila, Inc.~~ Jennifer Mila, CPA, 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: Jennifer Mila, CPA

Name (Printed or typed)

707 Vilabella Avenue

Address

Coral Gables, FL 33146

City, State & Zip

305-665-0787

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:

Jennifer Mila ~~and~~, CPA, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

707 Vilabella Avenue, Coral Gables, FL 33146

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Professional Services

ARTICLE IV SHARES

The number of shares of stock is:

100 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Jennifer Mila, 707 Vilabella Avenue, Coral Gables, FL 33146 (President)

Michael Mila, 707 Vilabella Avenue, Coral Gables, FL 33146 (Vice - President)

ARTICLE VI REGISTERED AGENT

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

Jennifer Mila, CPA
707 Vilabella Avenue
Coral Gables, FL 33146

ARTICLE VII INCORPORATOR

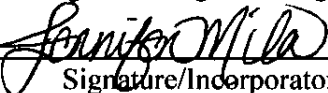
The name and address of the Incorporator is:

Jennifer Mila, CPA
707 Vilabella Avenue
Coral Gables, FL 33146

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA