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COVER LETTER

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

SURIECT: MILLEI	R ACCOUNTING, INC.			
SUBJECT.	(PROPOSED CORPORA	TE NAME – <u>MUST INCI</u>	LUDE SUFFIX)	
Enclosed are an original	ginal and one (1) copy of the artic	les of incorporation and	a check for:	
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	☑ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status	
FROM:	GEORGE W. MILLER			
Name (Printed or typed)				
240 W. WASHINGTON STREET Address				
	MONTICELLO, FL 32344 City,	State & Zip		
	850-997-2646 Daytime T	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:

MILLER ACCOUNTING, INC.

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 240 W. WASHINGTON STREET MONTICELLO, FL 32344

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide tax preparation and accounting 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):

George W. Miller, President and Director 240 W. Washington St. Monticello, FL 32344

ARTICLE VI REGISTERED AGENT

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

Judy Miller 240 W. Washington St. Monticello, FL 32344

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: George W. Miller

240 W. Washington St. Monticello, FL 32344

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 Date

Signature/Incorporator

11/24/08

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