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Florida Department of State
Division of Corporations
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To: Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
MILLER RETIREMENT HOME INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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Help

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Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of MILLER Retirement Home Inc
of Doc # P000000107607 are the same owners of the attached
articles of Incorporation. We have dissolved the company and have no intention
of reopening it. Thank you for your help in this matter.

Very sincerely,

Reggie

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: **MILLER RETIREMENT HOME INC****ARTICLE II PRINCIPAL OFFICE**Principal street address
11265 SW 56TH STREET
MIAMI FL 33165

Mailing address, if different is:

11265 SW 56 TH STREET
MIAMI FL 33165**ARTICLE III PURPOSE**The purpose for which the corporation is organized is:
ANY OR ALL LAWFUL ACTIVITIES FOR BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: **100 SHARES @1.00 PER VALUE****ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: **MARLENE L FUENTES/ PRESIDENT**
Address: **11265 SW 56TH STREET**
MIAMI FL 33165Name and Title: _____
Address: _____Name and Title: **JORGE FUENTES / VICE-PRESIDENT-SECRETARY**
Address: **11265 SW 56TH STREET**
MIAMI FL 33165Name and Title: _____
Address: _____Name and Title: _____
Address: _____Name and Title: _____
Address: _____**ARTICLE VI REGISTERED AGENT**

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

Name: **MARLENE FUENTES**
Address: **11265 SW 56TH STREET**
MIAMI FL 33165**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **MARLENE FUENTES**
Address: **11265 SW 56TH STREET**
MIAMI FL 33165

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

Marlene Fuentes

Required Signature/Registered Agent

06/03/2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Marlene Fuentes

Required Signature/Incorporator

06/03/2011

Date

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