

P11000055138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

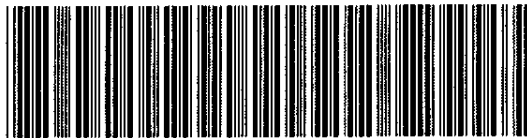
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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06/14/11--01001--017 \*\*70.00

RECEIVED  
11 JUN 13 PM 4:39  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
14 JUN 13 PM 4:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NRD  
6/13

**COVER LETTER**

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

**SUBJECT:** Kaylor Miles & Associates, 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:** Kaylor Miles

Name (Printed or typed)

3473 Gardenvue Way

Address

Tallahassee, Florida 32309

City, State & Zip

(850) 402-0020

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

**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)

**FILED**

**ARTICLE I NAME** Kaylor Miles & Associates, Inc.  
The name of the corporation shall be:

11 JUN 13 PM 4:48

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
3473 Gardenvue Way  
Tallahassee, Florida 32309

Mailing address, if different  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
Professional Development Training  
Mental Health Counseling  
Educational Consulting

**ARTICLE IV SHARES**  
The number of shares of stock is: 100

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

|   |                       |
|---|-----------------------|
| Name and Title: Kaylor Miles, President/Owner | Name and Title: _____ |
| Address: 3473 Gardenvue Way                   | Address: _____        |
| Tallahassee, Florida 32309                    | _____                 |
| _____   | _____                 |
| Name and Title: _____                         | Name and Title: _____ |
| Address: _____                                | Address: _____        |
| _____   | _____                 |
| Name and Title: _____                         | Name and Title: _____ |
| Address: _____                                | Address: _____        |
| _____   | _____                 |

**ARTICLE VI REGISTERED AGENT**

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

Name: Kaylor Miles  
Address: 3473 Gardenvue Way  
Tallahassee, Florida 32309

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Kaylor Miles  
Address: 3473 Gardenvue Way  
Tallahassee, Florida 32309

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.

Kaylor Miles  
Required Signature/Registered Agent

6/13/11  
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.

Kaylor Miles  
Required Signature/Incorporator

6/13/11  
Date