

P1200000/530

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

κ 01/06/12

## COVER LETTER

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

SUBJECT: Millender Accounting & Tax Preparation 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: Angelique Millender  
Name (Printed or typed)

Post Office Box 820  
Address

Crawfordville FL 32326  
City, State & Zip

850-926-8272  
Daytime Telephone number

millendertax@aol.com  
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)

**ARTICLE I NAME**

The name of the corporation shall be: Millender Accounting & Tax Preparation Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
3295 Crawfordville Highway  
Suite 4  
Crawfordville FL 32327

Mailing address, if different is:

P.O. Box 820  
Crawfordville FL 32326

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
To operate in the State of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Bryan T. Sanders, President  
Address: 3295 Crawfordville Highway  
Suite 4  
Crawfordville FL 32327

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: Angelique Millender, VP  
Address: 3295 Crawfordville Highway  
Suite 4  
Crawfordville FL 32327

Name 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: Angelique Millender  
Address: 3295 Crawfordville Highway Suite 4  
Crawfordville FL 32327

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Angelique Millender  
Address: 3295 Crawfordville Highway Suite 4  
Crawfordville FL 32327

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Angelique Millender  
Required Signature/Registered Agent

1/6/2012  
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.

Angelique Millender  
Required Signature/Incorporator

1/6/2012  
Date