

712000022011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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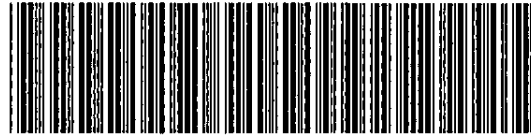
(Business Entity Name)

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2012 MAR -5 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAR 06 2012

COVER LETTER

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

SUBJECT: MILES CUSTOMER SERVICES 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: TAMEAKA SHEPPARD

Name (Printed or typed)

7109 NW 68 STRET

Address

TAMARAC, FL 33321

City, State & Zip

954-204-6551

Daytime Telephone number

TAMEAKASHEPPARD@GMAIL.COM

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

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

MILES CUSTOMER SERVICES INC

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
7109 NW 68 STREET
TAMARAC, FLORIDA 33321

Mailing address, if different is:

7109 NW 68 STREET
TAMARAC, FLORIDA 33321

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
HOME BASE CUSTOMER SERVICE

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: TAMEAKA SHEPPARD
Address: 7109 NW 68 STREET
TAMARAC, FLORIDA 33321

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: TAMEAKA SHEPPARD
Address: 7109 NW 68 STREET
TAMARAC, FLORIDA 33321

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: TAMEAKA SHEPPARD
Address: 7109 NW 68 STREET
TAMARAC, FL 33321

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

T. Sheppard

Required Signature/Registered Agent

3/1/12

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.

T. Sheppard

Required Signature/Incorporator

3/1/12

Date

DEPT. OF STATE
TALLAHASSEE, FLORIDA

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