P12000044317

(Requestor's Name)				
(Ad	dress)			
(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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Adrian Miller 2011 E. Giddens Ave. Tampa, FL 33610

May 2, 2012

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

Re: Adrian Miller, Inc / Doc #: P02000060574

Attn: Division of Corporations

I hereby notify the office of the Division of Corporations that in my capacity as President and Incorporator, I no longer wish to **Reinstate** and I will not in the future attempt to **Reinstate** my corporation in the name of **Adrian Miller**, **Inc** and I release the name.

Enclosed is my original application and one copy with the required payment in order to file a new incorporation with the name Adrian Miller, Inc.

Please call me with any questions at 813-416-1193.

Thank you for your attention to this matter.

Sincerely,

Adrian/Miller

DENICE CAMPOS

Notary Public - State of Florida

My Comm. Expires May 17, 2015

Commission # EE 94948

Bonded Through National Notary Assn.

COVER LETTER

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

SUBJECT: Adrian Miller, Inc.		
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u> I	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation an	d a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL CO	OPY REQUIRED
FROM: Adrian Miller	(Printed or typed)	
2011 E. Giddens Ave.		
Tampa, FL 33610	ddress State & Zip	
813-416-1193 Daytime Te	elephone number	
adrian.miller1@yahoo.co E-mail address: (to be used	m 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)

4 D. G. C. C. T. I			
ARTICLE I The name of the co	NAME Adrian Miller, Inc.		EU ED
The hame of the co	iporation shall be.		FILED
ARTICLE II	PRINCIPAL OFFICE		- WALLO BY 10 DE
	Principal street address	Mailing	address if Mitterehres: PH 4: 06
_	2011 E. Giddens Ave.		and the second s
I	ſampa, FL 33610		SECRETARY OF STATE
-		 	TALLAMASSEE, PLUMBER
ARTICLE III	PURPOSE		
	rhich the corporation is organized is:		*
	awful purposes.		
ARTICLE IV	SHARES		
	res of stock is: 100		
	INITIAL OFFICERS AND/OR DIRECT		
	itle: Adrian Miller, President		
Address:	2011 E. Giddens Ave.		
	Tampa, FL 33610		
			
Name and Ti	itle:	Name and Title:	
Address:			
			
Name and Ti	itle:	Name and Title	
Address:			
A DOMOT DE TOT	DEGICATEDES ACESE		
	REGISTERED AGENT rida street address (P.O. Box NOT acceptable	la) of the registered agent is:	
Name:	A -1-3 B 4201		
Address:	2011 E. Giddens Ave		
11001001	Tampa, FL 33610		
	INCORPORATOR		
	<u>Iress</u> of the Incorporator is:		
Name:	Adrian Miller		
Address:	2011 E. Giddens Ave.		•
	Tampa, FL 33610		
Having been name	ed as registered agent to accept service of pr	ocess for the above stated con	poration at the place designated in
	n familiar with and accept the appointment a		
- 1			- •
x adver	an Millen		May 2, 2012
	Required Signature/Registered Agent		Date
			- 200
	ment and affirm that the facts stated herein		
document to the De	epartment of State constitutes a third degree f	etony as provided for in s.817.	155, F.S.
1/1	The Market of the Contract of		
× com	an //wh		May 2, 2012
	Required Signature/Incorporator		Date