

P120000062074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

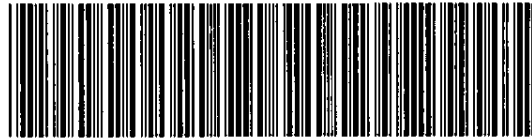
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JUL 13 PM 1:07

Bm 7/16/12

## COVER LETTER

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

SUBJECT: Wishbones, 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: Shirleen V. Miller  
Name (Printed or typed)

3945 Muzante Court  
Address

Orlando, Florida 32817  
City, State & Zip

407-679-3055  
Daytime Telephone number

shirleenmiller@yahoo.com  
E-mail address: (to be used for future annual report notification)

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



RECEIVED

12 MAY 24 AM 11:21

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 26, 2012

SHIRLEEN V. MILLER  
3945 MUZANTE COURT  
ORLANDO, FL 32817

SUBJECT: WISHBONES, INC.  
Ref. Number: W12000016885

We have received your document for WISHBONES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch  
Regulatory Specialist II  
New Filing Section

Letter Number: 412A00010186



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12 JUL 13 PM 2:59

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

May 25, 2012

SHIRLEEN V. MILLER  
3945 MUZANTE COURT  
ORLANDO, FL 32817

SUBJECT: WISHBONES, CORP..  
Ref. Number: W12000016885

We have received your document for WISHBONES, CORP. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch  
Regulatory Specialist II  
New Filing Section

Letter Number: 012A00015299

**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:

Shirleen Miller & Associates, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

3945 Muzante Court

Orlando, Florida 32817

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To engage in any lawful act or activity for which corporations may be organized under the laws of the State of Florida, and by such statement, all lawful acts and activities shall be within the purposes of the corporation.

**ARTICLE IV SHARES**

The number of shares of stock is: 100,000

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

Name and Title: Shirleen Miller, President

Address: 3945 Muzante Court

Orlando, Florida 32817

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: Shirleen Miller

Address: 3945 Muzante Court

Orlando, Florida 32817

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Shirleen Miller

Address: 3945 Muzante Court

Orlando, Florida 32817

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

Shirleen Miller

Required Signature/Registered Agent

July 9, 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.

Shirleen Miller

Required Signature/Incorporator

July 9, 2012

Date

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JUL 13 PM 1:07