

P12000099706

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

Phone : (305) 634-3694

Fax Number : (305) 633-9696

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
MILLWORKS CARPENTRY DESIGNS INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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COVER LETTER

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

SUBJECT: **MILLWORKS CARPENTRY DESIGNS**
(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: MARIA C MAGARINO	Name (Printed or typed)
2200 SW 9TH AVENUE	Address
MIAMI FL 33129	City, State & Zip
305-244-7855	Daytime Telephone number

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TALLAHASSEE FLORIDA

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
The name of the corporation shall be: **MILLWORKS CARPENTRY DESIGNS INC.**

ARTICLE II PRINCIPAL OFFICE
Principal street address: CARLOS FERNANDEZ
880 WEST 50 STREET
HIALEAH, FL 33012
Mailing address, if different is: _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: **BUSINESS**

ARTICLE IV SHARES
The number of shares of stock is: **100 SHARES 1.00 PAR VALUE**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
Name and Title: PNP/T CARLOS FERNANDEZ Name and Title: _____
Address: 880 WEST 50 STREET Address: _____
HIALEAH, FL 33012
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: CARLOS FERNANDEZ
Address: 880 WEST 50 STREET
HIALEAH, FL 33012

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: CARLOS FERNANDEZ
Address: 880 WEST 50 STREET
HIALEAH, FL 33012

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.
Carlos Fernandez Required Signature/Registered Agent 12/5/2012 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.
Carlos Fernandez Required Signature/Incorporator 12/5/2012 Date

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