## P12000102154

	/				
(R	equestor's Name)				
(A	ddress)				
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(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(B	usiness Entity Name)	)			
(Document Number)					
Certified Copies	Certificates of	Status			
Special Instructions to Filing Officer:					
Office Use Only					



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## **COVER LETTER**

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

SUBJECT:	MYLO C	огр				
		(PROPOSED CORPO	RATE NAME – <u>MUST INCLI</u>	JDE SUFFIX)		
Enclosed are	an origi	nal and one (1) copy of the arti	cles of incorporation an	d a check for:		
	\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	X \$87.50 Filing Fee, Certified Copy & Certificate of Status		
			ADDITIONAL CO			
F	ROM:	John Sullivan				
•	Name (Printed or typed)					
		23071 Nugent Ave				
	,	Address				
Port Charlotte, FL 33954						
City, State & Zip						
		/Q10\ 376_0616	•			
	•	(910) 376-0616  Daytime Telephone number				
		:II4040@I				
jsuli1040@aol.com  E-mail address: (to be used for future annual report notification)						
The same and the same in the same same same same same same same sam						

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



October 15, 2012

JOHN SULLIVAN 23071 NUGENT AVE PORT CHARLOTTE, FL 33954

SUBJECT: MYLO CORP Ref. Number: W12000052685

We have received your document for MYLO 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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

www.sunbiz.org

Letter Number: 312A00025339

Division of Comparations DO POV 6297 Tollahosson Florida 2991

## ARTICLES OF INCORPORATION

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

			refective VATE
ARTICLE I NAME The name of the corpo	ration shall be: AND Com M	Or sur a live	SEFECTION DATE
The name of the corpo	Tation shall be. Wite corp 1770	ADUKALY, hic.	JAH 1, 2013
ARTICLE II PRINCI	PAL OFFICE	•	. , -
	Principal street address	Ma	illing address, if different is:
23071 Nug			
Port Charl	otte, FL 33954		
<del>,</del>			
ARTICLE III PURPO	nee		
<u> </u>	the corporation is organized is:		<b>≥</b>
any and all lawful busing			
any area an earnar saon			E PEC
	·	•	泛歌 三 当
			Har to be
			حريا أسب
ARTICLE IV SHARE	** <del>***</del>		
The number of shares	of stock is: 100		A SA
ADTICLE V INITIAL	OFFICERS AND/OR DIRECTORS		•
Name and Title:	OFFICERS AND/OR DIRECTORS  John W. Sullivan, DPST	Name and Title:	
Address:	23071 Nugent Ave	Address:	
71001000.	Port Chriotte, FL 33954	Addiose.	
		<del></del>	
			····
Name and Title:		Name and Title:	
Address:		Address:	
	· · · · · · · · · · · · · · · · · · ·	<del></del>	
Name and Title.		Manager	
Name and Title:		Name and Title:	
Address:		Address:	·
		<del></del>	
ARTICLE VI REGIS	TERED AGENT		
The <u>name and Florida</u>	street address (P.O. Box NOT acceptable	e) of the registered agent is:	
Name:	John W. Sullivan	<u></u>	
Address:	23071 Nugent Ave.	<del></del>	
	Port Charlotte, FL 33954		
ARTICLE VII INCOR	RPORATOR		
	<u>s of the Incorporator is:</u>		
Name:	John W. Sullivan		
Address:	23071 Nugent Ave.	<del></del>	
71007000.	Port Charlotte, FL 33954	<del></del>	
		<del></del>	
Having been named a	s registered agent to accept service of p	process for the above stated	corporation at the place designated
in this certifidate, I an	ղ familiaf with and accept the appointme	nt as registered agent and a	gree to act in this capacity
$\mathcal{L}_{\mathcal{L}}$	In Mille		10/9/12
9			10/8/12
	Required Signature/Registered Agent		Date
l submit this docume	nt and affirm that the facts stated herein	are true I am sware that the	false information submitted in a
	artment of State constitutes a third degre		
Sept.	The solution of all the degree	y ua proviudu toi III s	
	While		10/8/12
	Required Signature/Incorporator		Date